2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State
07-09-2007 90048 027 ***150.00

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1. Entity Name
SOUTHERN EQUIPMENT COMPANY INC. OF CENTRAL FLORIDA

Principal Place of Business
P.O. BOX 4140
LAKE WALES, FL 33859-4140

Mailing Address
P.O. BOX 4140
LAKE WALES, FL 33859-4140

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-4149683
☐ Applied For
☐ Not Applicable

Zip | Country

Zip | Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONS, CAROL D
3856 ROLLING HILLS CT W.
LAKE WALES, FL 33898-7507

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | **FL** | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	WYROSDICK, SR., DOUGLAS L	
STREET ADDRESS	P.O. BOX 4140	
CITY-ST-ZIP	LAKE WALES, FL 338594140	
TITLE	DVP	☐ Delete
NAME	WYROSDICK, MICHAEL W	
STREET ADDRESS	415 MOUNTAIN DRIVE	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / CEO	☒ Change ☐ Addition
NAME	Wyrosdick, Michael W.	
STREET ADDRESS	PO Box 4140	
CITY-ST-ZIP	Lake Wales, FL. 33859	
TITLE	Vice President / CFO	☒ Change ☐ Addition
NAME	Wyrosdick, Sr., Douglas L.	
STREET ADDRESS	PO Box 4140	
CITY-ST-ZIP	Lake Wales, FL. 33859	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Wyrosdick 6/28/07 863 605 3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #