FILED
May 23, 2007 8:00 am
Secretary of State

05-01-2007 90032 014 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000095663

1. Entity Name
SEFO CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
198 AERO DR. DEFUNIAK SPRINGS, FL 32433 US	198 AERO DR. DEFUNIAK SPRINGS, FL 32433 US

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
119 Twin Lakes Dr		119 Twin Lakes Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
DeFuniak Spgs, Fl			
City & State		City & State	
		DeFuniak Spgs, Fl	
Zip	Country	Zip	Country
32433	US	32433	

4. FEI Number: 20-5194646 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEFO, AUGUST R 198 AERO DR. DEFUNIAK SPRINGS, FL 32433	Name: SEFO, August R. Street Address (P.O. Box Number is Not Acceptable): 119 Twin Lakes Dr City: DeFuniak Spgs FL Zip Code: 32433

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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEFO, AUGUST R 198 AERO DR. DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 119 Twin Lakes Dr. DeFuniak Spgs Fl 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000095663

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SEFO CONSTRUCTION SERVICES, INC.

ATTACHMENT
66016271

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. DeFuniak Spgs, Fl	Suite, Apt. #, etc.
City & State	City & State DeFuniak Sps, Fl
Zip 32433 / Country US	Zip 32433 / Country

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SIGNATURE: [signature] 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #