

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125105

FILED
Aug 22, 2007
Secretary of State

Entity Name: SOUTHEAST REFRIGERATION, INC.

Current Principal Place of Business:

1670 SOUTH FLORAL AVENUE
BARTOW, FL 33830

New Principal Place of Business:

125 WEST BROADWAY
FORT MEADE, FL 33841

Current Mailing Address:

1670 SOUTH FLORAL AVENUE
BARTOW, FL 33830

New Mailing Address:

127 WEST BRAODWAY
FORT MEADE, FL 33841

FEI Number: 20-5743925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIGGERS, MALCOM
1670 SOUTH FLORAL AVENUE
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRIGGERS, MALCOM
Address: 1670 SOUTH FLORAL AVENUE
City-St-Zip: BARTOW, FL 33830

Title: VP () Delete
Name: DRIGGERS, BRANDON
Address: 9039 SARAH DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: ST () Delete
Name: DRIGGERS, SHAUN
Address: 220 NORTH IDLEWOOD AVENUE, APT. 101
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAUN DRIGGERS

ST

08/22/2007

Electronic Signature of Signing Officer or Director

_____ Date