

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 21, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P32389**

1. Entity Name  
**SOUTHEAST WOOD TREATING, INC.**



Principal Place of Business  
**3077 CARTER HILL ROAD  
MONTGOMERY, AL 36111 US**

Mailing Address  
**3077 CARTER HILL ROAD  
MONTGOMERY, AL 36111 US**



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**63-0784184**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**STAMPLEY, TOMMY  
475-477 CARVER ROAD  
ROCKLEDGE, FL 32955**

**DO NOT WRITE  
IN THIS SPACE**

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 is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000524927  
05/04/06-80009-017 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **SLAWSON, GUICE**  
STREET ADDRESS **3077 CARTER HILL ROAD**  
CITY-ST-ZIP **MONTGOMERY, AL 36111**

TITLE **VP**  
NAME **SLAWSON, STINSON**  
STREET ADDRESS **3077 CARTER HILL ROAD**  
CITY-ST-ZIP **MONTGOMERY, AL 36111**

TITLE **S**  
NAME **SLAWSON, GUICE JR**  
STREET ADDRESS **3077 CARTER HILL ROAD**  
CITY-ST-ZIP **MONTGOMERY, AL 36111**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/06 334-269-96**

Date

Daytime Phone #