

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Apr 30, 2007 08:00 A
Secretary of State



03052007 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

6. 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 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

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**

U000000748384
05/17/07-80065-014 158.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #

334 269 9663