

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000016496

FILED
Mar 10, 2008
Secretary of State

Entity Name: SOUTHEAST CUSTOM REMODELING, INC.

Current Principal Place of Business:

11717 165TH RD. N.
JUPITER, FL 33478 US

New Principal Place of Business:

Current Mailing Address:

11717 165TH RD. N.
JUPITER, FL 33478 US

New Mailing Address:

FEI Number: 65-0403418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, FRANCINE D
1600 S. BAYSHORE LANE
UNIT 6B
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCALLISTER, JOHN H PRES
Address: 7670 SE SHENANDOAH DR.
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D () Delete
Name: MCALLISTER, JOHN R V. PRES
Address: 11717 165TH RD. NORTH
City-St-Zip: JUPITER, FL 33478 US

Title: T () Delete
Name: MCALLISTER, ELISABETH B
Address: 11717 165TH RD. NORTH
City-St-Zip: JUPITER, FL 33478

Title: S () Delete
Name: MCALLISTER, JANE B
Address: 7670 SE SHENANDOAH DR.
City-St-Zip: HOBE SOUND, FL 33455

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:

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: ELISABETH B. MCALLISTER

TRES

03/10/2008

Electronic Signature of Signing Officer or Director

Date