

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93-000071696.

1. Entity Name

SOUTHEASTERN TOOL SYSTEMS, INC.



FILED

08 JUN 24 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3114 S. OCEAN BLVD.

Suite, Apt. #, etc.

804

3. Mailing Address

3114 S. OCEAN BLVD.

Suite, Apt. #, etc.

804

City & State

HIGHLAND BEACH, FL.

City & State

HIGHLAND BEACH, FL.

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

15-0549761

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

NICHOLAS FANELLI

Street Address (P.O. Box Number is Not Acceptable)

3114 S. OCEAN BLVD.

#804

City

HIGHLAND BEACH

FL

Zip Code

33487

**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.

800132654288  
07/10/08--01029--004 \*\*\*308.75

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
FANELLI, NICHOLAS  
3114 S. OCEAN BLVD. #804  
HIGHLAND BEACH, FL. 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY, TREASURER  
ALAN D. STEINBERG  
145455 MILITARY TRAIL #159  
DECATUR BEACH, FL. 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS FANELLI

Date

Daytime Phone #

(561) 454-8868