

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052871

FILED
Mar 18, 2004
Secretary of State

Entity Name: SOUTHEASTERN IMPLEMENT, INC.

Current Principal Place of Business:

4851 WEST HIGHWAY 40
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4851 WEST HIGHWAY 40
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-3253606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, TIMOTHY
4851 WEST HIGHWAY 40
OCALA, FL 34482 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: WEEKS, TIMOTHY
Address: 4851 WEST HIGHWAY 40
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: WEEKS, GRADY
Address: 4851 WEST HIGHWAY 40
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: TIM WEEKS

D

03/18/2004

Electronic Signature of Signing Officer or Director

Date