## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Î : N

1. Entity Name

Principal Place of Business

3912 CANYON LAKE POINT

LAKELAND, FL 33813 US

SOUTHEASTERN COMMERCIAL DEVELOPMENT, INC.



Mailing Address

3912 CANYON LAKE POINT LAKELAND, FL 33813 US

## FILED Mar 04, 2004 8:00 am Secretary of State

03-04-2004 90005 021 \*\*\*150.00

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## DO NOT WRITE IN THIS SPACE

02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3258018

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, J. RICHARD 3912 CANYON LAKE POINT LAKELAND, FL 33813

## DO NOT WRITE IN THIS SPACE

LAKELANI	D, FL 33813			IN :	THIS SPACE	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or i	egistered agent, or be	oth, in the State of Florida. I am	familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registered A	lgent signatur	required when reinstating)	DATE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME  STREET ADDRESS CITY- ST-ZIP	D MILLER, COREY J		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, RICHARD 3912 CANYON LAKE PT. LAKELAND, FL 33813		*	e e	**************************************	
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	, <u></u>		w seem	DO	NOT WRITE	e i galen er i sege
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-7IP						

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 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

2/20/04

863-647-/307 Daytime Phone #