

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000073469

1. Entity Name
SOUTHEAST MARKETING AND SALES, INC.



Principal Place of Business

1040 BAYVIEW DR
SUITE 320
FORT LAUDERDALE, FL 33304 US

Mailing Address

1040 BAYVIEW DR
SUITE 320
FORT LAUDERDALE, FL 33304 US



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0537481

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN O TRENT
1040 BAYVIEW DR
320
FORT LAUDERDALE, FL 33304-2532

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000346831
04/30/05-80091-016 158.75

10. OFFICERS AND DIRECTORS

TITLE S
NAME JOHN O TRENT
STREET ADDRESS P.O. BOX 609
CITY-ST-ZIP LEWISTON WOODVILLE, NC 27849

TITLE P
NAME TRENT, BEVERLY C
STREET ADDRESS P O BOX 609
CITY-ST-ZIP LEWISTON WOODVILLE, NC 27849

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Swilly C. Trent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

Date

Daytime Phone #