FILED
Apr 28, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000073469

1. Entity Name
SOUTHEAST MARKETING AND SALES, INC.

Principal Place of Business	Mailing Address
1040 BAYVIEW DR SUITE 320 FORT LAUDERDALE, FL 33304 US	1040 BAYVIEW DR SUITE 320 FORT LAUDERDALE, FL 33304 US

DO NOT WRITE IN THIS SPACE

04242036 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, type or print name of registered agent and date as applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4-26-06 954-564-3171
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #