


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000033487</b> 1. Entity Name <b>SOUTHEASTERN STRUCTURES, INC.</b>					
Principal Place of Business <b>523 SO ELINOR TERRACE LECANTO FL 34461 US</b>			Mailing Address <b>POST OFFICE BOX 1270 LECANTO FL 34460 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3315054</b>	
6. Name and Address of Current Registered Agent  <b>SOLKI, HOWARD V 523 S. ELINOR TERRACE LECANTO FL 34461</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Howard V. Solki</i> <i>Principal</i> DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May C Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLKI, HOWARD 523 SO ELINOR TERRACE LECANTO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000000427158 02/20/06-80071-024 158.75 <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLKI, BETTY J 523 SO ELINOR TERRACE LECANTO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3315054** Applied For ☐ Not Applied ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Howard V. Solki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06 352-746 1917  
Date Daytime Phone