

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016335

FILED
Jun 19, 2009
Secretary of State

Entity Name: SOUTHEAST TECHNICAL SERVICES INC.

Current Principal Place of Business:

1209 WOODLAWN TERRACE
CLEARWATER, FL 33755

New Principal Place of Business:

5517 MAGNOLIA WAY
NEW PORT RICHEY, FL 34652

Current Mailing Address:

1209 WOODLAWN TERRACE
CLEARWATER, FL 33755

New Mailing Address:

5517 MAGNOLIA WAY
NEW PORT RICHEY, FL 34652

FEI Number: 65-0646065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, RITA
1209 WOODLAWN TERRACE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

GIBSON, RITA
5517 MAGNOLIA WAY
NEW PORT RICHEY, FL 34652 US

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:

06/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIBSON, ROBERT E
Address: 1813 BAYSHORE BLVD
City-St-Zip: DUNEDIN, FL 34698

Title: S () Delete
Name: GIBSON, RITA
Address: 1209 WOODLAWN TERRACE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GIBSON, RITA
Address: 5517 MAGNOLIA WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT E. GIBSON

PRES

06/19/2009

Electronic Signature of Signing Officer or Director

Date