

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 SEP 21 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000058890

1. Entity Name
SOUTHEAST OFFICE EQUIPMENT, INC.



Principal Place of Business
908 MAGNOLIA AVE
AUBURNDALE, FL 33823

Mailing Address
908 MAGNOLIA AVE
AUBURNDALE, FL 33823



09172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3393621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARLAN, MARY E
240 CRESCENT LAKE COURT
LAKELAND, FL 33813

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARAZZITO, JOSEPH A
STREET ADDRESS	730 HANOVER COURT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DST
NAME	MARAZZITO, CYNTHIA
STREET ADDRESS	730 HANOVER COURT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100041296891
03/23/04--01057--014 **150.00

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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)(l), 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:

Cynthia Marazzito Cynthia Marazzito 9-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9673153 ext 106