
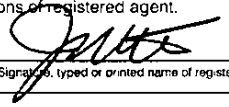



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90002 044 \*\*\*150.00

<b>DOCUMENT # P96000058890</b> 1. Entity Name <b>SOUTHEAST OFFICE EQUIPMENT, INC.</b>					
Principal Place of Business <b>908 MAGNOLIA AVE AUBURDALE, FL 33823</b>			Mailing Address <b>908 MAGNOLIA AVE AUBURDALE, FL 33823</b>		
2. Principal Place of Business <b>910 Magnolia Avenue</b> Suite, Apt. #, etc.			3. Mailing Address <b>910 Magnolia Avenue</b> Suite, Apt. #, etc.		
City & State <b>Auburndale, FL</b>		City & State <b>Auburndale, FL</b>		4. FEI Number <b>59-3393621</b>	
Zip <b>33823</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HARLAN, MARY E 240 CRESCENT LAKE COURT LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <b>Joseph Marazzito</b> Street Address (P.O. Box Number is Not Acceptable) <b>2629 Verandah Vue Drive</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33813</b>	
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  <b>Joseph Marazzito president</b> <b>5/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARAZZITO, JOSEPH A 730 HANOVER COURT LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARAZZITO, CYNTHIA 730 HANOVER COURT LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:  Sec/treas. 5-30-06 863-608-1043</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50020381



05302006 Chg-P CR2E034 (11/05)