


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

71 **FILED**
Aug 04, 2006 8:00 am
Secretary of State

07-12-2006 90002 019 ***150.00
08-04-2006 90015 018 ***400.00

DOCUMENT # P97000010859 1. Entity Name SOUTHEAST CONTRACTING SERVICES, INC.	
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Principal Place of Business 14443 HALTER RD WELLINGTON, FL 33414	Mailing Address PO BOX 949 LOXAHATCHEE, FL 33470-0949
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50024183



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0735482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BEHRINGER, MARK D 14443 HALTER RD WELLINGTON, FL 33414
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**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
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 NAME STREET ADDRESS CITY-ST-ZIP	D BEHRINGER, MARK 14443 HALTER RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHRINGER, DAVID 11620 BALD CYPRESS LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  **7/3/06 561-640-7422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #