2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000035515

1. Entity Name SETCO, INC.



FILED Feb 28, 2007 08:00 AM Secretary of State

Principal Place of Business

4605 SOUTH OCEAN BLVD.,S TE 4C HIGHLAND BEACH, FL 33487 Mailing Address

4605 SOUTH OCEAN BLVD.,S TE 4C HIGHLAND BEACH, FL 33487



DO NOT WRITE IN THIS SPACE

02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0753311 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SETTLER, EUGENE B 4605 SOUTH OCEAN BLVD., S TE 4C HIGHLAND BEACH, FL 33487

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	d Agent signatura	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	I		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SETTLER, EUGENE B 4605 SOUTH OCEAN BLVD.,S TE 4C HIGHLAND BEACH, FL 33487				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SETTLER, MARGERY 4605 SOUTH OCEAN BLVD.,S TE 4C HIGHLAND BEACH, FL 33487				U00000650967 03/08/07-80034-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE				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 of 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

521-242-1985