

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90022 037 ***150.00

DOCUMENT # P98000015577 1. Entity Name SOUTHEASTERN CONTRACTING AND DEVELOPMENT, INC.					
Principal Place of Business 4120 S. ATLANTIC AVE. APT 4 DAYTONA BEACH, FL 32127			Mailing Address P.O. BOX 7308 DAYTONA BEACH, FL 32116		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VANDERVEER, WILLIAM E 4120 S. ATLANTIC AVE. DAYTONA BEACH, FL 32127			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	☐ Change ☐ Addition	
NAME	VANDERVEER, WILLIAM E		NAME		
STREET ADDRESS	4120 S ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32127		CITY-ST-ZIP		
TITLE	S/T		TITLE	☐ Change ☐ Addition	
NAME	VANDERVEER, WILLIAM G		NAME		
STREET ADDRESS	4120 S ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32127		CITY-ST-ZIP		
TITLE	D		TITLE	☒ Change ☐ Addition	
NAME	GRAHAM, ASHLEY		NAME	D Graham, Ashley	
STREET ADDRESS	980 G-4 CANALVIEW BLVD		STREET ADDRESS	1038 Western Rd	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	South Daytona, FL 32119	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u><i>Ashley Graham</i></u> Ashley Graham <u>4/18/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					