

**ANNUAL REPORT (AR)****DOCUMENT # P98000043357**

1. Entity Name-

**SECK CONSTRUCTION, INC.****FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

**12 SLIGO MILL CT  
PALM COAST FL 32164  
US**

Mailing Address

**12 SLIGO MILL CT  
PALM COAST FL 32164  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3512054**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SECK, LYNN  
12 SLIGO MILL CT  
PALM COAST FL 32164**

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

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, 2005 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**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	<input type="checkbox"/> Delete
NAME	SECK, MICHAEL	
STREET ADDRESS	12 SLIGO MILL CT	
CITY - ST - ZIP	PALM COAST FL 32164	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**U00000306740**  
**04/15/05-80029-005 150.00**

TITLE	S	<input type="checkbox"/> Delete
NAME	SECK, LYNN	
STREET ADDRESS	12 SLIGO MILL CT	
CITY - ST - ZIP	PALM COAST FL 32164	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	SECK, RUSSELL	
STREET ADDRESS	519 ORANGE AVE	
CITY - ST - ZIP	PORT ORANGE FL 32127	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

473-05

386-437-5028

Date

Daytime Phone #