## 2004 FOR PROFIT CORPORATION

FILED Anr 29. 2004 08:00 AM

ANNUAL REPORT				Apr 29, 2004 00:00			
DOCUMENT # P9800		Secretary of State					
SOUTHEAST FOREST INDU	STRIES OF FLORIDA, INC.		<i>7</i>				
Principal Place of Business	Mailing Address						
715 TAU TRAIL MONTICELLO, FL 32344	715 TAU TRAIL Monticello, Fl 3234	44	# ####################################		III IINTE GARU INNUE KENSE	IZNO HITEDI E (ZKL	
DO NOT WI	PACE	03232004 4. FEI Numbe	No Chg-P	CR2E034 (1	0/03) Applied For		
		59-355			Not Applicable		
A Name and Eddings	of Current Registered Agent	<del></del>	5. Certificate	of Status Desired	□ \$0.7 Fee R	5 Additional lequired	
WIRICK, MARK	27 Carrein Registered Agent		D0	NOT W	DITE		
715 TAU TRAIL MONTICELLO, FL 32344		DO NOT WRITE IN THIS SPACE					
			IIV I	MIS SI	ACE		
The above named entity submits this s the obligations of registered agent.	latement for the purpose of changing its	registered office or regist	tered agent, or bo	th, in the State of F	orida. Tam familia	ar with, and accept	
SIGNATURE Signature, typed or printed name of in	egistered agent and title it applicable (NOT	E. Registered Agent signature requi	red when reinstating)		DATE		
FILE NOW!!! FEE IS \$1: After May 1, 2004 Fee will I	50.00 9. Election Campa		5.00 May Be dded to Fees				
	CERS AND DIRECTORS			<del></del>			
TITLE DP NAME WIRICK, MARK D						1	
STREET ADDRESS 715 TAU TRAIL CITY- ST-ZIP MONTICELLO, FL 323	344	]					
NAME				UOQO	)0138835 1-80096-0		
STREET ADDRESS CITY-ST-ZIP				04/29/04	1-90096-0	09 150.00	
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP			DO	NOT V	<b>VRITE</b>		
TITLE NAME			IN	THIS S	PACE		
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME						ļ	
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ITLE NAME						ļ	
STREET ADDRESS GITY-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)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 then like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-545-65 Daytime Phone ≠