

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000058618

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Entity Name:** SOUTHEAST WOOD PRODUCTS, INC.

**Current Principal Place of Business:**

4540 SOUTHSIDE BLVD. SUITE 802  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4540 SOUTHSIDE BLVD. SUITE 802  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3583875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLFE, BENJAMIN W JR.  
4540 SOUTHSIDE BLVD. SUITE 802  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

WOLFE, BENJAMIN E JR.  
4540 SOUTHSIDE BLVD. SUITE 802  
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: BENJAMIN E WOLFE JR.

03/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOLFE, BENJAMIN E JR.  
Address: 4540 SOUSIDE BLVD. SUITE 802  
City-St-Zip: JACKSONVILLE, FL 32216

Title: S  
Name: RACINE, CARLA S  
Address: 4540 SOUTHSIDE BLVD. SUITE 802  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLA S RACINE

S

03/17/2012

Electronic Signature of Signing Officer or Director

Date