

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000070579	
1. Entity Name SOUTHEASTERN RIGGING, TRUCKING & STORAGE CORP.	

Principal Place of Business 100 HIGHLINE DR LONGWOOD FL 32750	Mailing Address P O BOX 520699 LONGWOOD FL 32752
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HOEPKER, TODD M ESQ. 390 N. ORANGE AVE., STE. 1800 ORLANDO FL 32801	
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4. FEI Number 59-3591045	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, DAVID 705 TIMBERWILDE AVE WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000016677 01/28/04-80065-005 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, DAVID JR 705 TIMBERWILDE AVE WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <i>David Thomas Sr</i> DAVID THOMAS SR	1-22-04	407 260-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #