

2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-12-2007 90078 029 ***150.00
318573

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SEAL OF THE STATE
40013846 HASSEE, FLORIDA



DOCUMENT # 318573 1. Entity Name SOUTHEAST BANKING CORPORATION	
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Principal Place of Business 225 NORTHEAST MIZNER BOULEVARD SUITE 780 BOCA RATON, FL 33432 US	Mailing Address 225 NORTHEAST MIZNER BOULEVARD SUITE 780 BOCA RATON, FL 33432 US
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2. Principal Place of Business - No P.O. Box 225 NE MIZNER BLVD Suite, Apt. #, etc. SUITE 300 City & State Boca Raton FL Zip 33432 Country USA	3. Mailing Address 225 NE MIZNER BLVD Suite, Apt. #, etc. SUITE 300 City & State Boca Raton FL Zip 33432 Country USA
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02012007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1172753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY H BECK TRUSTEE FOR SE BANKING CORP
 225 NORTHEAST MIZNER BOULEVARD
 SUITE 780
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name **Jeffrey H. Beck, Trustee**
 Street Address (P.O. Box Number is Not Acceptable)
225 NE MIZNER BLVD
SUITE 300
 City **Boca Raton** FL Zip Code **33432**

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 *Jeffrey H. Beck, Trustee* DATE 2/15/07

Signature of the individual 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	
TITLE PST <input type="checkbox"/> Delete	NAME BECK, JEFFREY H
STREET ADDRESS 225 NORTHEAST MIZNER BLVD, SUITE 780	CITY-ST-ZIP BOCA RATON, FL 33432
TITLE TDT <input type="checkbox"/> Delete	NAME BECK, JEFFREY H
STREET ADDRESS 225 NORTHEAST MIZNER BLVD, SUITE 780	CITY-ST-ZIP BOCA RATON, FL 33432
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Jeffrey H. Beck
STREET ADDRESS 225 NE MIZNER BLVD Boca Raton FL 33432	CITY-ST-ZIP Boca Raton FL 33432
TITLE TDT <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Jeffrey H. Beck
STREET ADDRESS 225 NE MIZNER BLVD Boca Raton FL 33432	CITY-ST-ZIP Boca Raton FL 33432
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffrey H. Beck, Trustee* DATE 2/15/07 DAYTIME PHONE # 561-620 7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]