


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 765976 1. Entity Name SOUTHEASTERN GUIDE DOGS, INC.	
---	---

Principal Place of Business 4210 77TH STREET, EAST PALMETTO, FL 34221	Mailing Address 4210 77TH STREET, EAST PALMETTO, FL 34221
---	---

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2252352	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L. BLALOCK, LANDERS, ET AL, P.A. 802 11TH ST. WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
--	-------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHERMAN, ROBERT 114 30TH ST. W. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GALLUCCI, MICHAEL A JR 6942 WOODMORE TERRACE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BECKSTEIN, EUGENE 7418 WESTMORELAND DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NEWMAN, ROBERT C P.O. BOX 2030 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000175388
01/10/05-80048-018 70.00

DO NOT WRITE
IN THIS SPACE

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 617, 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:  Chairman of Board	Date 1-5-05	Daytime Phone # 941-729-5665
---	--------------------	-------------------------------------