


**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90011 018 \*\*\*550.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F0400000268</b>					
<b>1. Entity Name</b> SOUTHEAST MTM, INC.					
<b>Principal Place of Business</b> 16 HAWK RIDGE DR LAKE ST. LOUIS, MO 63367			<b>Mailing Address</b> 16 HAWK RIDGE DR LAKE ST. LOUIS, MO 63367		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 43-1719762	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ENWRIGHT, BYRON R 420 EAST JEFFERSON STREET, STE. 106 TALLAHASSEE, FL 32302		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00          Due by September 7, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PC <b>NAME</b> GRISWOLD, PEGGY A <b>STREET ADDRESS</b> 17 AUVERGNE DRIVE <b>CITY-ST-ZIP</b> LAKE ST. LOUIS, MO 63367	<input type="checkbox"/> Delete		<b>TITLE</b> EXECUTIVE VP <b>NAME</b> BRENDA BATTLE <b>STREET ADDRESS</b> 3886 DEPAUL MEADOWS CT. <b>CITY-ST-ZIP</b> BRIDGETON, MO 63044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> GRISWOLD, LYNN C <b>STREET ADDRESS</b> 17 AUVERGNE DRIVE <b>CITY-ST-ZIP</b> LAKE ST. LOUIS, MO 63367	<input type="checkbox"/> Delete		<b>TITLE</b> VICE PRESIDENT <b>NAME</b> EDWARD YANG <b>STREET ADDRESS</b> 11446 DAYKIN DR. <b>CITY-ST-ZIP</b> ST. LOUIS, MO 63146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MACIA, ALAINA <b>STREET ADDRESS</b> 6 WINDSOR LANE <b>CITY-ST-ZIP</b> KIRKWOOD, MO 63122	<input type="checkbox"/> Delete		<b>TITLE</b> EXECUTIVE VP; SECRETARY <b>NAME</b> DONALD C. TIEMEYER <b>STREET ADDRESS</b> 2012 WILLOW TRAIL <b>CITY-ST-ZIP</b> ST. CHARLES, MO 63033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> TIEMEYER, DONALD C <b>STREET ADDRESS</b> 2012 WILLOW TRAIL <b>CITY-ST-ZIP</b> ST. CHARLES, MO 63303	<input type="checkbox"/> Delete		<b>TITLE</b> DIRECTOR <b>NAME</b> JB BOWERS <b>STREET ADDRESS</b> 20101 WEST 93RD STREET <b>CITY-ST-ZIP</b> LENEXA, KS 66220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> BOWERS, JB <b>STREET ADDRESS</b> 20101 WEST 93RD STREET <b>CITY-ST-ZIP</b> LENEXA, KS 66220	<input type="checkbox"/> Delete		<b>TITLE</b> VICE PRESIDENT <b>NAME</b> JILL GILLESPIE <b>STREET ADDRESS</b> 1018 SHAWNEE BEND <b>CITY-ST-ZIP</b> SUNRISE BEACH, MO 65079	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE:</b> <i>Donald C. Tiemeyer</i> <b>DONALD C. TIEMEYER, EVP, SECRETARY</b> 8/31/05 636-561-5686					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					