2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003895

Entity Name: SOUTHEASTERN BANK

507 W 3RD ST

PITTS, WANDA

DARIEN, GA 31305

207 ASHANTILLY RD

BEASLEY, ALYSON G

DARIEN, GA 31305

() Delete

() Delete

Address

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jan 14, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1010 NORTHWAY ST DARIEN, GA 31305			1010 NOR' DARIEN, G	THWAY ST SA 31305	US	
Current Mailing Address:				New Mailing Address:		
P.O. BOX 455 1010 NORTHWAY DARIEN, GA 31305 US				P.O. BOX 455 1010 NORTHWAY DARIEN, GA 31305 US		
FEI Number:	58-0214350	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DYAL, ANN 7964 W COUNTY RD 108 HILLIARD, FL 32046				DYAL, ANN 7964 W COUNTY RD 108 HILLIARD, FL 32046 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:				01/14/2004		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HOLLAND, C 253 SAINT J	() Delete CORNELIUS P III AMES AVE ISLAND, GA 31522		Title: Name: Address: City-St-Zip:	HOLLAND, C 253 SAINT J	(X) Change () Addition CORNELIUS P III AMES AVE I ISLAND, GA 31522 US
Title: Name: Address: City-St-Zip:	BLUESTEIN,	GEORGE DR		Title: Name: Address: City-St-Zip:	BLUESTEIN	G GEORGE DR
Title: Name:	D DAVIS, ARCI	()Delete HIE C JR		Title: Name:	D DAVIS, ARC	(X) Change ()Addition HIE C JR

Address: HWY 99, CEDAR POINT Address: HWY 99. CEDAR POINT CRESCENT, GA 31304 City-St-Zip: City-St-Zip: CRESCENT, GA 31304 US () Change (X) Addition Title: () Delete Title: MILES, R L Name: Name: 225 ST. ANDREWS Address: Address: ST. SIMONS ISLAND, GA 31522 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

City-St-Zip:

507 W 3RD ST

PITTS, WANDA

DARIEN, GA 31305 US

207 ASHANTILLY RD

DARIEN, GA 31305 US

BEASLEY, ALYSON G

(X) Change () Addition

(X) Change () Addition

SIGNATURE: ALYSON G. BEASLEY

D. 01/14/2004