

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003895

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: SOUTHEASTERN BANK

**Current Principal Place of Business:**

1010 NORTHWAY ST  
DARIEN, GA 31305 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 455  
1010 NORTHWAY  
DARIEN, GA 31305 US

**New Mailing Address:**

FEI Number: 58-0214350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DYAL, ANN  
15885 COUNTY RD 108  
HILLIARD, FL 32046 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete  
Name: HOLLAND, CORNELIUS P III  
Address: 253 SAINT JAMES AVE  
City-St-Zip: ST. SIMONS ISLAND, GA 31522 US

Title: D ( ) Delete  
Name: BLUESTEIN, DAVID  
Address: 300 FT. KING GEORGE DR  
City-St-Zip: DARIEN, GA 31305 US

Title: V ( ) Delete  
Name: HOUSER, JOHN C  
Address: 109 HILLCREST COURT  
City-St-Zip: ST. SIMONS ISLAND, GA 31522 US

Title: S ( ) Delete  
Name: PITTS, WANDA D  
Address: 207 ASHANTILLY RD  
City-St-Zip: DARIEN, GA 31305 US

Title: D ( ) Delete  
Name: BEASLEY, ALYSON G  
Address: HWY 99, CEDAR POINT  
City-St-Zip: CRESCENT, GA 31304 US

Title: VD ( ) Delete  
Name: MILES, R L  
Address: 225 ST. ANDREWS  
City-St-Zip: ST. SIMONS ISLAND, GA 31522 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: WANDA D. PITTS

Electronic Signature of Signing Officer or Director

SECR

01/30/2007

\_\_\_\_\_ Date