

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003895

FILED
Feb 01, 2008
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:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 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

S

02/01/2008

Electronic Signature of Signing Officer or Director

_____ Date