2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90036 037 ****61.25

DOCUMENT # N94000005152

1. Entity Name
SOUTHEAST VOLUSIA SERVICES, INC.

40039415

Principal Place of Business	Mailing Address
508 PALMETTO ST. NEW SMYRNA BEACH, FL 32168 US	401 PALMETTO ST NEW SMYRNA BEACH, FL 32168 US

03072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
401 Palmetto Street	215 N. Eola Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach, FL	City & State: Orlando, FL 32801
Zip: 32168 Country: Volusia	Zip: 32801 Country: Orange

4. FEI Number 59-3287185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEEKIN, JAMES F JR 215 N EOLA DR ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEONARD, KATHY 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Williams, Robert B. 401 Palmetto Street New Smyrna Beach, FL 32168	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEWIS, ARVIN 401 PALMETTO ST NEW SMYRNA BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Harrell, Steve 401 Palmetto Street New Smyrna Beach, FL 32168	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHILDECCKER, WILLIAM C. 401 PALMETTO ST. NEW SMYRNA BCH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Patterson, Carol 401 Palmetto Street New Smyrna Beach, FL 32168	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREWE, BRUCE 401 PALMETTO ST NEW SMYRNA BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DRURY, TIM 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GERSON, WANDA 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: James B Williams 3/23/05 407-418-6319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #