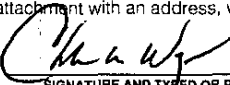


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90111 014 ***550.00

DOCUMENT # P02000026108 1. Entity Name ALL SERVICES SOUTHEAST, INC.					
Principal Place of Business 4161 ROBIN HOOD ROAD JACKSONVILLE FL 32210				Mailing Address 4161 ROBIN HOOD ROAD JACKSONVILLE FL 32210	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7159 Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE FL		4. FEI Number NO-T APPLICABLE	
Zip	Country	Zip 32238	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STIEFEL, JOHN R JR 1 INDEPENDENT DR STE 2301 JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☒ Delete NAME BELL, STEVEN R STREET ADDRESS 4161 ROBIN HOOD ROAD CITY-ST-ZIP JACKSONVILLE FL 32210				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME DP STREET ADDRESS FORT, DEAN A CITY-ST-ZIP 4161 ROBIN HOOD ROAD JACKSONVILLE FL 32210				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME DTS STREET ADDRESS WAGONER, CHARLES M CITY-ST-ZIP 4161 ROBIN HOOD ROAD JACKSONVILLE FL 32210				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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.					
SIGNATURE:  CHARLES M. WAGONER				7-1-04 904-2195865	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	