

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P38621**

1. Entity Name  
**SOUTHEASTERN CAPITAL CORPORATION**



Principal Place of Business  
**2140 11TH AVE SOUTH  
STE 210  
BIRMINGHAM, AL 35205**

Mailing Address  
**P.O. BOX 55465  
BIRMINGHAM, AL 35205**



03282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-0678357**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**110000489050  
04/17/06-80031-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FIELD, PETER W.
STREET ADDRESS	2140 11TH AVE SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	V
NAME	WELDEN, CHARLES V., III
STREET ADDRESS	2140 11TH AVE SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	S
NAME	SKELLIE, TOMMIE G.
STREET ADDRESS	2140 11TH AVE SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	V
NAME	WELDEN, WILLIAM B.
STREET ADDRESS	2140 11TH AVE SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	V
NAME	FIELD, ROBERT C.
STREET ADDRESS	2140 11TH AVE SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	D
NAME	WELDEN, CHARLES V., JR
STREET ADDRESS	2140 11TH AVE SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35205

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #