


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90007 005 \*\*\*150.00

**DOCUMENT # P95000097448**

1. Entity Name  
**DIRECT MARKETING SOUTHEAST, INC.**



Principal Place of Business      Mailing Address

**POST OFFICE BOX 488**      **POST OFFICE BOX 488**  
**PALM HARBOR, FL 34682 US**      **PALM HARBOR, FL 34682 US**

**94045746**



2. Principal Place of Business      3. Mailing Address

**8038 Old CR 54**      Suite, Apt. #, etc.

04012004      Chg-P      CR2E034 (10/03)

City & State      City & State

**New Port Richey, FL**      City & State

Zip      Country      Zip      Country

**34653**      **USA**

4. FEI Number      Applied For

**59-3349760**      Not Applicable

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

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6. Name and Address of Current Registered Agent

**BARBER, CHARLES**  
**1550 S. HIGHLAND AVE. SUITE B**  
**CLEARWATER, FL 33756**

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**

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

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**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>W. J. LATVALA</b>	
STREET ADDRESS	<b>109 PHILLIPS WAY</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>LATVALA, SUSAN</b>	
STREET ADDRESS	<b>109 PHILLIPS WAY</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>8038 Old CR 54</b>
CITY-ST-ZIP	<b>New Port Richey, FL 34653</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Woodrow J. Latvala      04/01/04      727-376-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #