


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 041 ***150.00

DOCUMENT # P95000097448			
1. Entity Name DIRECT MARKETING SOUTHEAST, INC.			
Principal Place of Business 8038 OLD CR 54 NEW PORT RICHEY, FL 34653 US		Mailing Address POST OFFICE BOX 488 PALM HARBOR, FL 34682 US	
2. Principal Place of Business		3. Mailing Address 8038 OLD C.R. 54	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NEW PORT RICHEY	
Zip	Country	Zip 34653	Country USA
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. J. LATVALA	NAME	
STREET ADDRESS	8038 OLD CR 54	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATVALA, SUSAN	NAME	
STREET ADDRESS	109 PHILLIPS WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LATVALA CHRISTOPHER
STREET ADDRESS		STREET ADDRESS	8038 OLD C.R. 54
CITY-ST-ZIP		CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the power like empowered.			
SIGNATURE: <u>WOODROW J. LATVALA</u>		Date: <u>3/31/05</u> Daytime Phone #: <u>727-376-6880</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

JUUJJB6U



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4. FEI Number 59-3349760 Applied For Not Applicable

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