


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**


05-29-2008 90198 047 \*\*\*150.00

**DOCUMENT # P98000081170**  
 1. Entity Name  
**SOUTHEASTERN PENSION SERVICES, INC.**



<b>Principal Place of Business</b> 1525 INTERNATIONAL PARKWAY SUITE 2071 LAKE MARY, FL 32746 US	<b>Mailing Address</b> 1525 INTERNATIONAL PARKWAY SUITE 2071 LAKE MARY, FL 32746
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**DO NOT WRITE IN THIS SPACE**

**66015376**  
  
 04282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3539467</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
 -LAMORIELLO, NICHOLAS J  
 1525 INTERNATIONAL PARKWAY, SUITE 2071  
 LAKE MARY, FL 32746

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <del>NEUMANN, LEONARD A</del> <del>420 LEXINGTON AVE SUITE 2420</del> <del>NEW YORK, NY 10170</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER John Schroepfer 485 Metro Place South Suite 275 Dublin, OH 43017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE:  **5-1-2008** (611) 928-8828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #