


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V13785**  
 1. Entity Name  
**SOUTHEAST-ATLANTIC REALTY, INC.**



Principal Place of Business      Mailing Address  
 6215 WILSON BLVD                      P O BOX 7779  
 JACKSONVILLE, FL 32210 US      JACKSONVILLE, FL 32238 US

**DO NOT WRITE IN THIS SPACE**



04262005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-3137015                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 STONEBURNER, GRESHAM  
 841 PRUDENTIAL DR  
 SUITE #1400  
 JACKSONVILLE, FL 32207

**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 title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOWERS, KATHY O.
STREET ADDRESS	4586 ORTEGA ISLAND DR
CITY - ST - ZIP	JACKSONVILLE, FL 32200
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY - ST - ZIP	

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 05/04/05-80139-019 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Kathy O. Towers*    Kathy O. TOWERS    4-29-05    904-778-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #