


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90037 021 ***150.00

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



Principal Place of Business 6215 WILSON BLVD JACKSONVILLE, FL 32210 US	Mailing Address P O BOX 7779 JACKSONVILLE, FL 32238 US
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DO NOT WRITE IN THIS SPACE

40111500



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3137015	Applied For Not Applicable
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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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D TOWERS, KATHY O. 4586 ORTEGA ISLAND DR JACKSONVILLE, FL 32200
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Kathy O Towers* **Kathy O. TOWERS** *4-24-07* *904-778-1888*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #