2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 343145

1. Entity Name

SOUTHEAST PROPERTIES, INC.



FILED Feb 17, 2004 08:00 AM Secretary of State

Principal Place of Business

225 NORTHEAST MIZNER BOULEVARD

SUITE 780

BOCA RATON, FL 33432 US

Mailing Address

225 NORTHEAST MIZNER BOULEVARD SUITE 780

BOCA RATON, FL 33432 US

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No Chg-P

CR2E034 (10/03)

02102004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, JEFFREY H TRUSTEE FOR SOUTHEAST BANKING CORP. 225 NORTHEAST MIZNER BLVD, SUITE 780 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

500/1101	101t, 1 = 00+0±						
	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title	<u></u>		egistered agent, or bo	oth, in the State of Fic	orlda. I am famil	liar with, and accept
	E NOW!!! FEE 18 \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		•	- 655 - 44 , 44
10.	OFFICERS AND DIREC	CTORS		,		-	
TITLE Name Street address City-St-Zip	DPVP BECK, JEFFREY H 225 NOURTHEAST MIZNER BLVD, S BOCA RATON, FL 33432	UITE 780		est est to the control of the contro			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECK, JEFFREY H 225 NORTHEAST MIZNER BLVD, SU BOCA RATON, FL 33432	ITE 780			1,000,000 02/17/04	1055379 80037-00	14 150.00
TITLE NAME					·	<u></u>	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-ZIP

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/10/04 561-447-876