

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90160 032 ***150.00

DOCUMENT # 355009

1. Entity Name
SOUTHEAST MANAGEMENT OF CORAL GABLES, INC.



Principal Place of Business
370 MINORCA AVE
STE ONE
CORAL GABLES, FL 33146

Mailing Address
C/O JACKSON HOLE ACCTG.
P.O. BOX 3642
JACKSON, WY 83001

DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1374638

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMSON, JOHN
370 MINORCA AVE.
SUITE 1
CORAL GABLES, FL 33134

**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 _____

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
STINNETT, RAYMOND C.
~~1154 ALFONSO AVENUE~~ 385 Meadowlark DR
~~CORAL GABLES, FL 33146~~ Bogman, MT 59718

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
STINNETT, JAMES B.
~~1154 ALFONSO AVE~~ 607 Berkshire Ct.
~~CORAL GABLES, FL 33146~~ Downers Grove, IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MUSFELDT, LINDA G.
~~1154 ALFONSO AVE~~ 14 Champions way
~~CORAL GABLES, FL 33146~~ San Antonio, TX
60516
78258

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-05 906-586-7553