


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

**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	PTD
NAME	STINNETT, RAYMOND C.
STREET ADDRESS	<del>1154 ALFONSO AVENUE</del> 385 Meadowlark DR
CITY - ST - ZIP	<del>CORAL GABLES, FL 33146</del> Bozeman, MT 59718
TITLE	VSD
NAME	STINNETT, JAMES B.
STREET ADDRESS	<del>1154 ALFONSO AVE</del> 607 Berkshire Ct.
CITY - ST - ZIP	<del>CORAL GABLES, FL 33146</del> Downers Grove, IL 60516
TITLE	D
NAME	MUSFELDT, LINDA G.
STREET ADDRESS	<del>1154 ALFONSO AVE</del> 14 Champions way
CITY - ST - ZIP	<del>CORAL GABLES, FL 33146</del> San Antonio, TX 78258
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)(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: *Raymond C. Stinnett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 3-1-05  
 Daytime Phone #: 906-586-7553