


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 370816**  
 1. Entity Name  
 SOUTHEASTERN DEVELOPMENT CORP.



Principal Place of Business      Mailing Address  
 1323 LYONS RD                      1323 LYONS RD  
 COCONUT CREEK, FL 33063      COCONUT CREEK, FL 33063

**DO NOT WRITE IN THIS SPACE**



01252005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1431206      Not Applicable

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

6. Name and Address of Current Registered Agent  
 THOMAS MESSER  
 1323 LYONS RD  
 #PH  
 COCONUT CREEK, FL 33063

**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 \_\_\_\_\_ (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

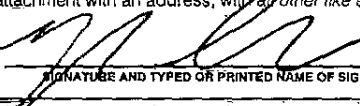
02/03/05-80009-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MESSER, ROSE
STREET ADDRESS	1360 S OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	PS
NAME	MESSER, THOMAS L.
STREET ADDRESS	8496 VIA BENITA
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  THOMAS MESSER      1/28/05 (954)979-3621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #