2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 488357

1. Entity Name
SOUTHEASTERN MANAGEMENT CENTER, INC.

Principal Place of Business
125 C TRADE STREET
LEXINGTON, KY 40511 US

Mailing Address
125 C TRADE STREET
LEXINGTON, KY 40511 US

01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1633473 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES M. KNIGHT
5279 VINELAND ROAD
ORLANDO, FL 32819

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

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	P
NAME	KIRKPATRICK, ROBERT JR
STREET ADDRESS	5702 KIRKPATRICK WAY
CITY-ST-ZIP	INDIANAPOLIS, IN 46220
TITLE	T
NAME	HICKERSON, PATRICIA
STREET ADDRESS	5702 KIRKPATRICK WAY
CITY-ST-ZIP	INDIANAPOLIS, IN 46220
TITLE	S
NAME	BEATTY, DEBORAH L
STREET ADDRESS	5703 KIRKPATRICK WAY
CITY-ST-ZIP	INDIANAPOLIS, IN 46220
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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03/08/07-80002-012 150.00

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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: _____ 2-12-07 859-225-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #