


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90035 028 ***150.00

DOCUMENT # 506946
 1. Entity Name
SOUTHEASTERN PERSONNEL MANAGEMENT, INC.



Principal Place of Business Mailing Address
 3350 BUSCHWOOD PARK DR 3350 BUSCHWOOD PARK DR
 SUITE 200 SUITE 200
 TAMPA, FL 33618 TAMPA, FL 33618

24008623



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1821837 Not Applicable

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

6. Name and Address of Current Registered Agent
 KOCH, TERRY
 3350 BUSCHWOOD PARK DR
 TAMPA, FL 33618

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, 2004 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	BRILL, HOWARD
STREET ADDRESS	215 UNION BLVD., STE. 400
CITY-ST-ZIP	LAKEWOOD, CO 80228
TITLE	EVP
NAME	LARKIN, ROBERT
STREET ADDRESS	225 W. BUSCH BLVD.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VPS
NAME	VIARRIAL, FRED
STREET ADDRESS	Q15 UNION BLVD., STE. 400
CITY-ST-ZIP	LAKEWOOD, CO 80228
TITLE	VP
NAME	BOCK, CHRISTOPHER J
STREET ADDRESS	215 UNION BLVD., STE. 200
CITY-ST-ZIP	LAKEWOOD, CO 80228
TITLE	T
NAME	KOCH, TERRY
STREET ADDRESS	225 W. BUSCH BLVD.
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	CFO
NAME	HESS, JOHN
STREET ADDRESS	215 UNION BLVD., STE. 400
CITY-ST-ZIP	LAKEWOOD, CO 80228

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: _____ DATE: **1/30/04** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR