
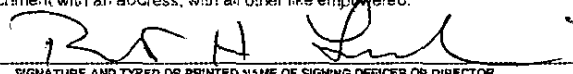


## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 11 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 506946</b>					
1. Entity Name SOUTHEASTERN PERSONNEL MANAGEMENT, INC.					
Principal Place of Business 3350 BUSCHWOOD PARK DR SUITE 200 TAMPA, FL 33618			Mailing Address 3350 BUSCHWOOD PARK DR SUITE 200 TAMPA, FL 33618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08092004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-1821837	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOCH, TERRY 3350 BUSCHWOOD PARK DR TAMPA, FL 33618			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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: _____					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRILL, HOWARD 215 UNION BLVD., STE. 400 LAKEWOOD, CO 80228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>300040431540</i> <i>08/23/04--01068--04 **\$61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LARKIN, ROBERT 225 W. BUSCH BLVD. TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VIARRIAL, FRED Q15 UNION BLVD., STE. 400 LAKEWOOD, CO 80228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <i>000040431540</i> <i>08/23/04--01068--024 **\$61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOCK, CHRISTOPHER J 215 UNION BLVD., STE. 400 LAKEWOOD, CO 80228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, TERRY 225 W. BUSCH BLVD. TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HESS, JOHN 215 UNION BLVD., STE. 400 LAKEWOOD, CO 80228	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					