## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # 506946  1. Entity Name SOUTHEASTERN PERSONNEL MANAGEMENT, INC.					. 50	ciciai y	oi Stat
Principal Place of Business		Mailing Address 3350 BUSCHWOOD PARK DR SUITE 200 TAMPA, FL 33618					
	O NOT WRITE	IN THIS SPA	<b>C E</b>	01272005	No Chg-P	CR2E034 (10	0/03)
				4. FEI Numb 59-182			Applied For Not Applicable
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent					
KOCH, TERRY 3350 BUSCHWOOD PARK DR TAMPA, FL 33618					NOT W THIS SF		
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am familia	r with, and accept
signature.	tions of registered agent.			·			
	Signature, typed or printed name of registered agent and	the flappicable. (NOTE Registere	d Agent signature required	when reinstaling)		DATE	
	.E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	S. Election Campalgn Finar     Trust Fund Contribution.	·	.00 May Be led to Fees			
10,	OFFICERS AND DI	RECTORS		***************************************			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRILL, HOWARD 215 UNION BLVD., STE. 400 LAKEWOOD, CO 80228					0204985 -80027-00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LARKIN, ROBERT 225 W. BUSCH BLVD. TAMPA, FL 33612				<b>u.3178</b>	:60027+0 <u>0</u>	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VIARRIAL, FRED Q15 UNION BLVD., STE. 400 LAKEWOOD, CO 80228	कर्म सम्बद्ध		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOCK, CHRISTOPHER J 215 UNION BLVD., STE. 400 LAKEWOOD, CO 80228	-		IN.	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, TERRY 225 W. BUSCH BLVD. TAMPA, FL 33612						

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: \_

TITLE
NAME
STRIET ADDRESS
CITY-ST-ZIP

AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Daytime Phone #