


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90069 009 ***150.00

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



40024418

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02212007 Chg-P CR2E034 (12/06)

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
 SUITE 200
 TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 reissuing) 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/D	<input type="checkbox"/> Delete
NAME	BRILL, HOWARD	
STREET ADDRESS	10375 PARK MEADOW DR STE 375	
CITY-ST-ZIP	LITTLETON, CO 80124	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	LARKIN, ROBERT	
STREET ADDRESS	3350 BUSCHWOOD PARK DR STE 200	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KOCH, TERRY	
STREET ADDRESS	3350 BUSCHWOOD PARK DR STE 200	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	KOCH, TERRY	
STREET ADDRESS	3350 BUSCHWOOD PARK DR STE 200	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	HOLLENBACH, DAN	
STREET ADDRESS	10375 PARK MEADOW DR STE 375	
CITY-ST-ZIP	LITTLETON, CO 80124	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	HOLLENBACH, DAN	
STREET ADDRESS	10375 PARK MEADOW DR STE 375	
CITY-ST-ZIP	LITTLETON, CO 80124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 2-22-07 813-935-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #