## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 526347**

FILED Jan 08, 2008 Secretary of State

Entity Name: ADVANCED MARKETING SOUTHEAST, INC.

**Current Principal Place of Business: New Principal Place of Business:** 580 NE 45 TERRACE OCALA, FL 344701496 US **Current Mailing Address: New Mailing Address:** 580 NE 45 TERRACE OCALA, FL 344701496 US FEI Number: 59-1738314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TROW, CHESTER 21 NORTH MAGNOLIA AVENUE OCALA, FL 34475 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FISHER, TOM, Name: Name: 3838 HAWS LANE Address: Address: City-St-Zip: ORLANDO, FL 32814 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete Name: ARCHER, GEORGE, Name: ARCHER, GEORGE, 228 BRIAR CREEK RD. 228 BRIAR CREEK RD. Address: Address: GREER, SC 29650 City-St-Zip: GREER, SC 29651 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MOULTON, LAWRENCE, Name: Name: 2811 NE 25 STREET Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition FYE, JOHN FYE, JOHN Name: Name: Address: 580 NE 45 TERRACE Address: 580 NE 45 TERRACE City-St-Zip: OCALA, FL 344701496 City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T FYE PRES 01/08/2008