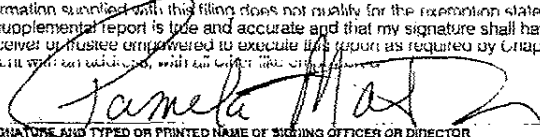


FILED
Apr 30, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 552264		
1. Entity Name SOUTHEAST GENETICS, INC		
Principal Place of Business 135 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852	Mailing Address 135 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852	
DO NOT WRITE IN THIS SPACE		04272004 No Chg-P CR2F034 (10/03)
		4. FCI Number 50 1708400
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent J. MICHAEL SWAINE 245 S. COMMERCE AVE. SEFFRING FL 33870		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, 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 ☐ \$5.00 May Be Added to fees
10. OFFICERS AND DIRECTORS		DATE 04/30/04-80111-022 150.00
NAME MATHEIS,	STREET ADDRESS 135 HUNTLEY OAKS BLVD	
CITY ST ZIP LAKE PLACID FL 33852		
NAME MATHEIS, PAMELA	STREET ADDRESS 135 HUNTLEY OAKS BLVD	
CITY ST ZIP LAKE PLACID FL 33852		
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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 of this filing.		
SIGNATURE: 		4-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #