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	Mailing Address
135 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852	135 HUNTLEY OAKS BLVD LAKE PLACID, FL 33852

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59 1709439

Applied For
(If Applicable)

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.
SEBRING, FL 33870

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000143972
04/30/04-80111-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATHEIS,
STREET ADDRESS	135 HUNTLEY OAKS BLVD
CITY ST ZIP	LAKE PLACID, FL 33852
TITLE	ST
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	

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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 a

SIGNATURE: Pamela Matheis 4-25-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #