

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90051 011 \*\*\*\*70.00

**DOCUMENT # 715456**

1. Entity Name

SOUTHEASTER, INC.



Principal Place of Business

4841 SAXON DRIVE  
NEW SMYRNA BEACH FL 32169

Mailing Address

4841 SAXON DRIVE  
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1274519

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO, DIANE B  
4841 SAXON DRIVE  
APT.C202  
NEW SMYRNA BEACH FL 32169

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEVIELLE, WILFRED D	
STREET ADDRESS	125 FALLEN TIMBER TRAIL	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VINSON, DIANE	
STREET ADDRESS	4841 SAXON DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COGGINS, BURGESS H	
STREET ADDRESS	408 TIMBER RIDGE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JERRY	
STREET ADDRESS	504 N. RIVERSIDE DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAUNWART, GARY	
STREET ADDRESS	5985 EMBASSY DR	
CITY-ST-ZIP	FAIRFIELD OH 45014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Joseph M. Williams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	108 Long Leaf Lane	
STREET ADDRESS	Altamonte Springs, FL 32714	
CITY-ST-ZIP		
TITLE	Joe Corradino	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	481 W. Shivers Cove Road	
STREET ADDRESS	Longwood, FL 32779	
CITY-ST-ZIP		
TITLE	Patty Peelon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1558 Lakehurst Dr.	
STREET ADDRESS	Winter Park, FL 32789	
CITY-ST-ZIP		
TITLE	Tom Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2461 Hampton Parkway	
STREET ADDRESS	Marionetta, GA 30062	
CITY-ST-ZIP		
TITLE	Peter Richards	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 Gay Drive	
STREET ADDRESS	Rochville, MD 20850	
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 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 617, 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:

*Joe Corradino, President* 1/29/05 3864277577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #