

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90387 030 ****61.25

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.

01312006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1274519

Applied For
Not Applicable

Zip

Country

Zip

Country

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 **Doug Murray**
Street Address (P.O. Box Number Is Not Acceptable)

4841 SAXON DR

City **New Smyrna Beach**

FL

Zip Code **32169**

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

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MILLSON, JOSEPH**
STREET ADDRESS **108 LONG LEAF LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D** ☐ Change ☒ Addition
NAME **Bob Mallamas**
STREET ADDRESS **3911 N. Rock Springs RD**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **SD** ☐ Delete
NAME **VINSON, DIANE**
STREET ADDRESS **4841 SAXON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **PD** ☐ Change ☒ Addition
NAME **Rick Vaughan**
STREET ADDRESS **6700 State RD 46**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **PD** ☒ Delete
NAME **CORADINO, JOE**
STREET ADDRESS **484 WEKIVA COVE ROAD**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **TD** ☐ Change ☒ Addition
NAME **Peter Richards**
STREET ADDRESS **111 Jay Dr**
CITY-ST-ZIP **Rockville MD 20805**

TITLE **D** ☐ Delete
NAME **PEELEN, PETTY**
STREET ADDRESS **1555 FAKEHRUST DRIVE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Change ☒ Addition
NAME **Fred Lust**
STREET ADDRESS **130 Mohawk Dr**
CITY-ST-ZIP **Pittsburgh, PA 15228**

TITLE **D** ☐ Delete
NAME **BRAUNWART, GARY**
STREET ADDRESS **5985 EMBASSY DR**
CITY-ST-ZIP **FAIRFIELD, OH 45014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **SMITH, TOM**
STREET ADDRESS **2461 HAMPTON PARK WAY**
CITY-ST-ZIP **MARIETTA, GA 30062**

TITLE ☐ Change ☐ 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 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:

Diane Vinson
Diane Vinson Secretary

March 31, 2006 **386-427-7577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #