

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790747

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOUTHEAST MILK, INC.

Current Principal Place of Business:

1950 SE HWY 484
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

PO BOX 3790
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 59-0769519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVINGTON, CALVIN
1950 SE HIGHWAY 484
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUCKS, KEITH
Address: 2271 SW 22ND CIR NORTH
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: RUCKS, GLENN
Address: 477 SW 72ND TERR
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: LUSSIER, MATT
Address: P.O. BOX 2168
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: REGISTER, DARRYL
Address: PO BOX 1115
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: D () Delete
Name: BEARD, MILTON
Address: 7500 G. LAWRENCE RD
City-St-Zip: SANTA FE, TN 38482

Title: D () Delete
Name: CARVER, JOHN
Address: PO BOX 1409
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN COVINGTON

MGRM

04/20/2009

Electronic Signature of Signing Officer or Director

Date