


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 842659 1. Entity Name SOUTHEASTERN PARTNERS, INCORPORATED	
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Principal Place of Business COLONIAL BANK CENTRE 41 WEST INTERSTATE 65 SERVICE RD NORTH MOBILE, AL 36608-1201 US	Mailing Address P O BOX 160306 MOBILE, AL 36616
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0768412	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA, FL 32503

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAINT, JOHN B. 41 W. INTERSTATE 65 SERVICE ROAD N. MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESCH, PAUL C. 41 W. INTERSTATE 65 SERVICE ROAD N. MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEFAN, CHESTER J. 41 W. INTERSTATE 65 SERVICE ROAD N. MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY JR, DONALD P 41 W. INTERSTATE 65 SERVICE ROAD N. MOBILE, AL 366081201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80055-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-21-05

(251) 380-2929