


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 842659	
1. Entity Name SOUTHEASTERN PARTNERS, INCORPORATED	

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



03292006 No Chg-P CRZE034 (11/05)

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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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04/21/06-80017-008 150.00

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IN THIS SPACE**

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 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: John B. Saint 3-29-06 (351) 380-2929

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