

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842659

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SOUTHEASTERN PARTNERS, INCORPORATED

## Current Principal Place of Business:

COLONIAL BANK CENTRE  
41 WEST INTERSTATE 65 SERVICE RD NORTH  
MOBILE, AL 366081201 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 160306  
MOBILE, AL 36616

## New Mailing Address:

FEI Number: 63-0768412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAMMON, FRANK M JR  
301 N US HWY 27  
CLERMONT, FL 34711 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAINT, JOHN B.  
Address: 41 W. INTERSTATE 65 SERVICE ROAD N.  
City-St-Zip: MOBILE, AL 366081201

Title: S ( ) Delete  
Name: WESCH, PAUL C.  
Address: 41 W. INTERSTATE 65 SERVICE ROAD N.  
City-St-Zip: MOBILE, AL 366081201

Title: VD ( ) Delete  
Name: STEFAN, CHESTER J.  
Address: 41 W. INTERSTATE 65 SERVICE ROAD N.  
City-St-Zip: MOBILE, AL 366081201

Title: D ( ) Delete  
Name: KELLY JR, DONALD P  
Address: 41 W. INTERSTATE 65 SERVICE ROAD N.  
City-St-Zip: MOBILE, AL 366081201

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

SIGNATURE: JOHN B. SAINT

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date