


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F00000000951</b> 1. Entity Name DUNN SOUTHEAST, INC.	
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Principal Place of Business 800 MT VERNON HWY # 200 ATLANTA, GA 30328	Mailing Address 800 MT VERNON HWY # 200 ATLANTA, GA 30328
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03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 43-1875240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNN, TERRENCE 929 HOLMES KANSAS CITY, MO 64106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, JIM 929 HOLMES KANSAS CITY, MO 64106
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP HICKS, JEFFERY 800 MT. VERNON HWY ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOP TOUCHTON, STEVEN A 800 MT VERNON HWY, #200 ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD GRIFFIN, R.J. JR 800 MT VERNON HWY, #200 ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP PARIS, DAVID C JR 800 MT VERNON HWY, #200 ATLANTA, GA 30328

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04/17/08-80050-010 150.00

**DO NOT WRITE  
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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/08