2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000286

FILED Apr 20, 2009 Secretary of State

Entity Name: SOUTHEASTERN GENERAL CONTRACTORS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
508 WILBANKS DR BALL GROUND, GA	30107			
Current Mailing Address:		New Mailing Address:		
508 WILBANKS DR BALL GROUND, GA	30107			
FEI Number: 58-219628	8 FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
CURVING, JOHN				
14750 BEACH BLVD #35 JACKSONVILLE BEA The above named er in the State of Florida	ACH, FL 32250 US	purpose of changing its registere	d office or registered agent, or both,	
14750 BEACH BLVD #35 JACKSONVILLE BEA The above named er in the State of Florida SIGNATURE:	ACH, FL 32250 US		od office or registered agent, or both, Date	
14750 BEACH BLVD #35 JACKSONVILLE BEA The above named er in the State of Florida SIGNATURE:	ACH, FL 32250 US ntity submits this statement for the a.			
14750 BEACH BLVD #35 JACKSONVILLE BEA The above named er in the State of Florida SIGNATURE: Election Campaign Fina	ACH, FL 32250 US ntity submits this statement for the a. ctronic Signature of Registered Agencing Trust Fund Contribution ().	gent		
14750 BEACH BLVD #35 JACKSONVILLE BEACH The above named er in the State of Florida SIGNATURE: Election Campaign Fina OFFICERS AND DII Title: PT Name: CURVING Address: 14750 BE	ACH, FL 32250 US ntity submits this statement for the a. ctronic Signature of Registered Agencing Trust Fund Contribution (). RECTORS:	gent	Date	

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 CURVING PT 04/20/2009