


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 006 ***150.00

DOCUMENT # F03000004127					
1. Entity Name SOUTHEAST PUBLISHING CO., INC.					
Principal Place of Business 5672 PEACHTREE PKWY SUITE E NORCROSS, GA 30092			Mailing Address 5672 PEACHTREE PKWY SUITE E NORCROSS, GA 30092		
2. Principal Place of Business - No P.O. Box # <i>1647 Mt Vernon Rd</i>		3. Mailing Address <i>1647 Mt Vernon Rd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Atlanta GA</i>		City & State <i>Atlanta GA</i>			
Zip <i>30338</i>		Country <i>Dekalb</i>		Zip <i>30338</i>	
Country <i>Dekalb</i>		4. FEI Number 58-1299490			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				03132008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FISCHER, ELLIOTT 2539 AVILA LANE NAPLES, FL 34105 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Elliott Fischer</i>			Date: <i>3-25-08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					