


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000003318</b> 1. Entity Name <b>SOUTHEASTERN TELECOM, INC.</b>	
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Principal Place of Business <b>7020 AC SKINNER PKWY SUITE 140 JACKSONVILLE, FL 32256</b>	Mailing Address <b>P.O. BOX 292307 NASHVILLE, TN 37229-2307</b>
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>62-0909997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BUFFA, TONY  
5439 BEAUMONT CENTER BLVD., STE 1000  
TAMPA, FL 33634**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P ALLEN, WILLIAM F 9364 ANSLEY LANE BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WOLF, BETTY JO 620 WATSONWOOD DR NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HALEY, JOHN W 24 INVERARAY NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HALEY, JULIE 24 INVERARAY NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000210234  
02/02/05-80071-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Betty Jo Wolf 1/24/05 615-874-6253

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