


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000004516**  
 1. Entity Name  
 PPF SOUTHEAST, INC.



Principal Place of Business: 100 SOUTH 4TH STREET, STE. 800 ST. LOUIS, MO 63102  
 Mailing Address: 100 SOUTH 4TH STREET, STE. 800 ST. LOUIS, MO 63102

**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 43-1574763 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHILDRESS, FIELDING
STREET ADDRESS	16 HOMEWOOD DRIVE
CITY-ST-ZIP	ST. LOUIS, MO 63122
TITLE	VP
NAME	CARLETON, WILLIAM P JR
STREET ADDRESS	4444 LINDELL BOULEVARD, #2
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	ST
NAME	BURNETT, JERRY
STREET ADDRESS	15 FORRESTER
CITY-ST-ZIP	MANCHESTER, MO 63011
TITLE	D
NAME	IMBS, R. CHRISTOPHER
STREET ADDRESS	19 FORDYCE LANE
CITY-ST-ZIP	ST. LOUIS, MO 63124
TITLE	D
NAME	REEDY, MICHAEL T
STREET ADDRESS	504 SHERWOOD DRIVE
CITY-ST-ZIP	ST. LOUIS, MO 63119
TITLE	D
NAME	BENOIST, ELLIOT W
STREET ADDRESS	41 PICARDY LANE
CITY-ST-ZIP	ST. LOUIS, MO 63124

02/28/05-80051-019 150.00  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J.L. BURNETT Date: 2/28/05 Daytime Phone #: 314-241-8700