


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00**  
**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**



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**


10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 03/13/08-80035-015 150.00

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:  Jerry L. Burnett 2.11.08 314.241.8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #