2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# F07000002061

Entity Name: SOUTHEAST PROFESSIONAL CONSULTANTS, INC.

Current Principal Place of Business:

3548 SHALLOWFORD RD.
ATLANTA, GA 30341

New Principal Place of Business:

900 OLD DAWSON VILLAGE RD E
STE 120
DAWSONVILLE, GA 305343814

Current Mailing Address:

3548 SHALLOWFORD RD.
ATLANTA, GA 30341

New Mailing Address:

900 OLD DAWSON VILLAGE RD E
STE 120
DAWSONVILLE, GA 305343814

FEI Number: 20-5652488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSWORTH, SKIP B
6886 GLENMEADOW LN.
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: TATRO, CLAUDE G III
Address: 3548 SHALLOWFORD RD.
City-St-Zip: ATLANTA, GA 30341

Title: VC ( ) Delete
Name: TATRO, CLAUDE G JR.
Address: 3548 SHALLOWFORD RD.
City-St-Zip: ATLANTA, GA 30341

Title: V ( ) Delete
Name: BRIER, DAVID L
Address: 1023 LONG BRANCH LANE
City-St-Zip: OVIEDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLAUDE G. TATRO, III C 07/08/2008

Electronic Signature of Signing Officer or Director Date