## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #F39788**

1. Entity Name SOUTHEASTERN WOODS, INC.



FILED Apr 10, 2008 08:00 Al Secretary of State

Principal Place of Business

1074 NORTH U.S. 1 ORMOND BEACH, FL 32174 Mailing Address

1074 NORTH U.S. 1 ORMOND BEACH, FL 32174



## DO NOT WRITE IN THIS SPACE

04042008 No Chg-F		CR2E034 (11/05)	
4. FEI Number	,	Applied For	
59-2118	3243	Not Applicab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, JAMES E. 1074 N. U.S. #1 ORMOND BEACH, FL 32174

## 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-	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	Hadaaaaaaa	
10.	OFFICERS AND DIREC	TORS		04/22/08-80080-012.150.001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEYER, GEORGIA 3310 STATE RD. 40 ORMOND BEACH, FL 0,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, JAMES E. 3310 STATE RD. 40 ORMOND BEACH, FL 0,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information cumplied with this fi	ling door get quality for the over	provious contained in Chepter 11	Florida Statutes. I further certify that the information	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

<u> 386-290-9542</u>

Daytime Phone