

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000641

FILED
Apr 12, 2007
Secretary of State

Entity Name: SOUTHEAST SERVICE CORPORATION OF TENNESSEE

Current Principal Place of Business:

406 WILLOW AVE.
KNOXVILLE, TN 37915 US

New Principal Place of Business:

1845 MIDPARK RD
KNOXVILLE, TN 37921 US

Current Mailing Address:

PO BOX 52370
KNOXVILLE, TN 379502370 US

New Mailing Address:

FEI Number: 62-1101779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEE, SHERRI P
Address: 5555 COVE ISLAND RD
City-St-Zip: KNOXVILLE, TN 37919

Title: CPD () Delete
Name: WILLIAMS, DON R
Address: 109 CRESTVIEW LANE
City-St-Zip: OAK RIDGE, TN

Title: CFOV () Delete
Name: GIVEN, JAMES
Address: 2520 MAPLE DR
City-St-Zip: KNOXVILLE, TN 37918

Title: S () Delete
Name: DONOVAN, JOHN A.
Address: 5508 TIMBERCREST TR.
City-St-Zip: KNOXVILLE, TN

Title: D () Delete
Name: BEALL, SAMUEL E III
Address: 150 W TIMBERCREST TR
City-St-Zip: KNOXVILLE, TN

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:

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 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: DON R WILLIAMS

CPD

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date