

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000641

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: SOUTHEAST SERVICE CORPORATION OF TENNESSEE

**Current Principal Place of Business:**

1845 MIDPARK RD  
KNOXVILLE, TN 37921 US

**New Principal Place of Business:**

**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: S (X) Change ( ) Addition  
Name: DONOVAN, JOHN A.  
Address: 1845 MIDPARK RD  
City-St-Zip: KNOXVILLE, TN 37921

Title: D (X) Change ( ) Addition  
Name: BEALL, SAMUEL E III  
Address: 1471 WEST MILLERS COVE RD  
City-St-Zip: WALLAND, TN 37886

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: DON R WILLIAMS

CPD

04/24/2008

Electronic Signature of Signing Officer or Director

Date