

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G63847

1. Entity Name
SOUTHEASTERN REALTY GROUP, INC.



Principal Place of Business
C/O ROBERT N. JOHNSON
933 LEE ROAD, SUITE 400
ORLANDO, FL 32810

Mailing Address
C/O ROBERT N. JOHNSON
933 LEE ROAD, SUITE 400
ORLANDO, FL 32810



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2880383

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT N
933 LEE ROAD
SUITE 400
ORLANDO, FL 32810

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

1101000533846
05/09/06-80117-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	CLARK III, ALBERT M.
STREET ADDRESS	124 PARK AVE.
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	CCO
NAME	JOHNSON, ROBERT N.
STREET ADDRESS	1766 HILLTOP DRIVE
CITY-ST-ZIP	MOUNT DORA, FL
TITLE	PT
NAME	JOHNSON, BRYAN A.
STREET ADDRESS	1612 WESTCHESTER
CITY-ST-ZIP	WINTER PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Robert N. Johnson Robert N. Johnson 4/24/06 407-629-5595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #