

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90324 007 \*\*\*158.75

**DOCUMENT # G66828**

1. Entity Name  
**SOUTHERN EQUITY INVESTMENTS, INC.**



Principal Place of Business

**4609B STE 3 NW 6 ST  
GAINESVILLE, FL 32609**

Mailing Address

**4609B STE 3 NW 6 ST  
GAINESVILLE, FL 32609**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2647454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHESHIRE, LARRY H.  
4609B STE 3 NW 6 ST  
GAINESVILLE, FL 32609**

**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 renewing)

DATE

**FILE NOW!!! FEB 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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
CHESHIRE, LARRY  
4609 B STE 3 NW 6 ST  
GAINESVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHESHIRE, LARRY  
4609B-3 NW 6TH ST.  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CHESHIRE, KYLE D  
4609 B-3 NW 6TH STREET  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CHESHIRE, DEAN R  
4609 B-3 NW 6TH STREET  
GAINESVILLE, FL 32609**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Larry H. Cheshire* **LARRY CHESHIRE** 4-25-06