## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **ANNUAL REPORT** Apr 24, 2008 08:00 AM Secretary of State **DOCUMENT # H56832** 1. Entity Name SOUTHEAST FINANCIAL PLANNING AND CONSULTING. INC. Principal Place of Business Mailing Address % DANIEL P. TODZIA % DANIEL P. TODZIA 969 S. FEDERAL HWY., STE 200 969 S. FEDERAL HWY., STE 200 STUART, FL 34994 STUART, FL 34994 04212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2539021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registe TODZIA, DANIEL P. DO NOT WRITE 969 S FEDERAL HWY STE 200 STUART, FL 34994 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000919231 10 OFFICERS AND DIRECTORS TITLE DPT NAME TODZIA, DANIEL P. STREET ADDRESS 514 N. CAROLINA DR. CITY-ST-7P STUART, FL 34994 MLE SD NAME TODZIA, LAURA B. STREET ADDRESS 514 NO. CAROLINA DR. CITY-ST-70 STUART, FL 34994 TIBLE KALE STREET ADDRESS DO NOT WRITE DIY-SI-7D TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 cath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

and P. Topzia, President

4-21-08