2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# H93316

Entity Name: SOUTHEAST SERVICES ORGANIZATION, INC.

Current Principal Place of Business:

790 PARK OF COMMERCE BLVD
P.O. BOX 810908
BOCA RATON, FL 334810908 US

New Principal Place of Business:

Current Mailing Address:

790 PARK OF COMMERCE BOULEVARD
P.O. BOX 810908
BOCA RATON, FL 334810908

New Mailing Address:

FEI Number: 59-2628212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZOFF, MICHAEL D. ESQUIRE
HERZFELD & RUBIN
801 BRICKELL AVENUE, STE. 1501
MIAMI, FL 33131 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:	C	( ) Delete
Name:	WINBORN, JAMES E.,	
Address:	1291 SW 8TH STREET	
City-St-Zip:	BOCA RATON, FL 334868401	
Title:	T	( ) Delete
Name:	SCARBOROUGH, WILLIAM, C	
Address:	10619 MAPLE CHASE DRIVE	
City-St-Zip:	BOCA RATON, FL 33498	
Title:	S	( ) Delete
Name:	VALCOURT, CAMIL R,	
Address:	1271 NW 13TH ST APT 362	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	MCCANTS, LARY B.,	
Address:	122 MILESTONE WAY	
City-St-Zip:	WEST PALM BEACH, FL 334152465	
Title:	P	( ) Delete
Name:	HUGHES, BARRY L,	
Address:	3313 SHERWOOD BLVD	
City-St-Zip:	DELRAY BEACH, FL 334456184	
Title:	D	( ) Delete
Name:	LEE, DONALD L	
Address:	340 SW ANDROS CIRCLE	
City-St-Zip:	ST. LUCIE WEST, FL 34896	

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:	
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 Section 119.07(3)(i), 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: BARRY HUGHES CCUE, CCE P 01/06/2005
Electronic Signature of Signing Officer or Director — Date