

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93316

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: SOUTHEAST SERVICES ORGANIZATION, INC.

## Current Principal Place of Business:

790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 334810908 US

## New Principal Place of Business:

790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

## Current Mailing Address:

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

## New Mailing Address:

790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

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 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: BARRY L. HUGHES

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date