

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90058 042 ***150.00

DOCUMENT # J38162

1. Entity Name
SOUTHEASTERN PRESENTATIONS, INC.



Principal Place of Business
**701 6TH ST SW
WINTER HAVEN, FL 33880 US**

Mailing Address
**701 6TH ST SW
WINTER HAVEN, FL 33880 US**

40012433



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2767750

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAZZANO, LARRY
225 W LAKE SUMMIT DR
WINTER HAVEN, FL 33884**

Name

Street Address (P.O. Box Number is Not Acceptable)

1880 Crossroads Blvd

City

FL

Zip Code
33881

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P ☐ Delete
RAZZANO, LAWRENCE
225 W LAKE SUMMIT DR
WINTER PARK, FL 33884

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition
1880 Crossroads Blvd
Winter Haven, FL 33881

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP ☐ Delete
RAZZANO, TERRI (BO)
225 W LAKE SUMMIT DR
WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition
1880 Crossroads Blvd
Winter Haven, FL 33881

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

Date

863-299-2600

Daytime Phone #

IMPORTANT INSTRUCTIONS
Deposites must be made through a United States bank.
Deposits must be made through a United States bank.