

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J44087

1. Entity Name

SOUTHEAST-ATLANTIC BEVERAGE CORPORATION



FILED

Mar 06, 2006 08:00 AM
Secretary of State

Principal Place of Business

% C T CORPORATION SYSTEM
6001 BOWDENDALE AVE
JACKSONVILLE FL 32216

Mailing Address

% C T CORPORATION SYSTEM
6001 BOWDENDALE AVE
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 59-2741848

Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	DC PAUL, ROBERT H. III	<input type="checkbox"/> Delete
STREET ADDRESS	6001 BOWDENDALE AVENUE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE NAME	D BENT, JAMES V.E.	<input type="checkbox"/> Delete
STREET ADDRESS	1125 NORTH ELLIS ROAD	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE NAME	DP PAUL, CHRISTOPHER	<input type="checkbox"/> Delete
STREET ADDRESS	6001 BOWDENDALE AV	
CITY- ST- ZIP	JAX FL	
TITLE NAME	VS JACKSON, GUY	<input type="checkbox"/> Delete
STREET ADDRESS	6001 BOWDENDALE AV	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE NAME	D FICHTHORN	<input type="checkbox"/> Delete
STREET ADDRESS	514 HOLLOW TREE RIDGE ROAD	
CITY- ST- ZIP	DARIEN CT	
TITLE NAME	D SCHULTZ, JOHN R	<input type="checkbox"/> Delete
STREET ADDRESS	118 W ADAMS ST	
CITY- ST- ZIP	JAX FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1100000457303	
CITY- ST- ZIP	03/16/06-80057-016 150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Guy D. Jackson

2/23/06

904-739-1000