

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K22147
1. Entity Name
SOUTHEAST DIVERSIFIED, INC.



Principal Place of Business Mailing Address
5077 FLORENTINE CT 5077 FLORENTINE CT
SPRING HILL, FL 34608 SPRING HILL, FL 34608



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2892877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARRILLO, KENNETH R SR
5077 FLORENTINE CT
SPRING HILL, FL 34608

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UD00000251723
03/04/05-80062-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARRILLO, KENNETH R SR 5077 FLORENTINE CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZARRILLO, JOANNE 5077 FLORENTINE CT SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZARRILLO, JOANNE 5085 FLORENTINE CT SPRINGHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joanne Zarrillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05 352-688-2920
Date Daytime Phone #