

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96819

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: SOUTHEASTERN INSURERS, INC.

## Current Principal Place of Business:

2935 SE 58TH AVE., #2  
P.O. BOX 5669  
OCALA, FL 344785669

## New Principal Place of Business:

2935 SE 58TH AVE., #2  
OCALA, FL 34480

## Current Mailing Address:

PO BOX 1060  
OCALA, FL 344781060

## New Mailing Address:

FEI Number: 59-2954609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VINCENT S. MAZZURCO  
2935 SE 58TH AVE., #2  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

VINCENT S. MAZZURCO  
2935 SE 58TH AVE., #2  
OCALA, FL 34480 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MAZZURCO, VINCENT S  
Address: 2935 SE 58TH AVE #2  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: MAZZURCO, VINCENT S.,  
Address: 2935 SE 58TH AVE #2  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: MAZZURCO, SUEANNE  
Address: 2935 SE 58TH AVE #2  
City-St-Zip: OCALA, FL 34471

Title: VPS ( ) Delete  
Name: MAZZURCO, ANDREW S  
Address: PO BOX 189  
City-St-Zip: OCALA, FL 34478

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: MAZZURCO, VINCENT S  
Address: 2935 SE 58TH AVE #2  
City-St-Zip: OCALA, FL 34480

Title: D (X) Change ( ) Addition  
Name: MAZZURCO, VINCENT S.,  
Address: 2935 SE 58TH AVE #2  
City-St-Zip: OCALA, FL 34480

Title: D (X) Change ( ) Addition  
Name: MAZZURCO, SUEANNE  
Address: 2935 SE 58TH AVE #2  
City-St-Zip: OCALA, FL 34480

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: VINCENT S. MAZZURCO

PTD

04/29/2008

Electronic Signature of Signing Officer or Director

Date