

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96819

FILED
Apr 20, 2011
Secretary of State

Entity Name: SOUTHEASTERN INSURERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 34480 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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VINCENT S MAZZURCO

PT

04/20/2011

Electronic Signature of Signing Officer or Director

Date