## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 8:00 am Secretary of State

ANNVAL REFURI						Secretary of State				
DOCUMENT # L08208  1. Entity Name SOUTHEAST COURIER, INC.					04-19-2004 90309 050 ***150.00					
Principal Place of Business Mailing Address					İ					
P.O. BOX 2 Pensacola, Fl. 32591		Post office Box 8599 Mandeville, La 70470-8599 us								
PENSAGULA	, FL 32391	MANDEVILLE, LA 704	/u-gogg u:	3						
2. Principal F	Place of Business	3. Mailing Address								
		159 Marine St.,					INTI AFATI BIBIT RIBIT I	Tieli eteli eti		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. 304			03192004	Chg-P	CR2E034	4 (10/03)		
City & State		City & State			4. FEI Number		<u> </u>	pplied For		
Zip Country		St. Augustine, FL			59-2965720		Not Applicable  \$8.75 Additional			
		32084	USA		5. Certificate of Status Desired Fee Required					
	6. Name and Address of Current	Registered Agent		lamc	_ 7. Name and	Address of New	Registered Ag	ent <u>,                                    </u>	· · · · · · · · · · · · · · · · · · ·	
LOZIER, DANIEL 125 W. ROMANA ST. PENSACOLA, FL 32501				Street Address (P.O. Box Number is Not Acceptable)						
				City . FL Zip Code						
0 Th	e named entity submits this statement for			<i>T</i> E : .			<u> </u>	<u> </u>		
SIGNATURE.	Signature, typed or printed name of registered agent	and trile if applicable (NOTE	• •	ent signature required			DATE			
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribu					\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME	P REYNOLDS, SUSAN P	☐ Delete	TITLE	P	NOLDS.	SUSAN 1		<b>∑</b> Change	☐ Addition	
STREET ADDRESS	P.O. BOX 8599		STREET AD		159 MARINE ST., APT. 304					
CITY-ST-ZIP	MANDEVILLE, LA 704708599		CITY-S1-	ST.	. AUGUS	TINE, F	<u> 3208</u>	4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-1	ſ			[	Change	Addition	
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TITLE		Delete conf	SS TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET AD	DRESS					4.00	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied entitle 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 further certify that it is not provided 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 line empowered.

CITY-ST-ZIP

SIGNATURE: XXX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 904

Daytime Phone #