

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M75983**

1. Entity Name  
**F M SOUTHEAST, INC.**



Principal Place of Business  
**250 KING OF PRUSSIA ROAD  
RADNOR, PA 19087**

Mailing Address  
**250 KING OF PRUSSIA ROAD  
RADNOR, PA 19087**



04022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-2510510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000704120  
04/20/07-80164-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DIMEMMO, JOSEPH
STREET ADDRESS	250 KING OF PRUSSIA RD.
CITY-ST-ZIP	RADNOR, PA 19087
TITLE	TD
NAME	STEWART, SARAH L
STREET ADDRESS	250 KING PRUSSIA RD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	S
NAME	BYRON, THERESA A
STREET ADDRESS	250 KING OF PRUSSIA ROAD
CITY-ST-ZIP	RADNOR, PA 19087
TITLE	VPD
NAME	ROBINSON, ROBERT L
STREET ADDRESS	250 KING OF PRUSSIA RD
CITY-ST-ZIP	FOLCROFT, PA 19032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

*Sarah L Stewart* SARAH L STEWART

4/2/07

610-964-7086

Date

Daytime Phone #