


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 018 ***150.00

DOCUMENT # M89973 1. Entity Name SOUTHEAST SERVICES OF CENTRAL FLORIDA, INC.					
Principal Place of Business POST OFFICE BOX 152500 TAMPA, FL 33684			Mailing Address POST OFFICE BOX 152500 TAMPA, FL 33684		
2. Principal Place of Business 4407 N. CLARK AVE. Suite, Apt. #, etc.		3. Mailing Address <i>(above)</i> Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State		4. FEI Number 59-2901731	
Zip 33614		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUTTLE, JOANNE WALLACE 4407 N CLARK TAMPA, FL 33614				7. Name and Address of New Registered Agent Name RICHARD W. TREMPER Street Address (P.O. Box Number is Not Acceptable) 4407 N. CLARK Avenue P.O. Box 152500 City Tampa FL Zip Code 33684	
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 <i>Joanne Wallace Tuttle</i> Joanne W. Tuttle, VP 5/09/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTTLE, JOANNE W		NAME		
STREET ADDRESS	PO BOX 152500 N/A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33684		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREMPER, RICHARD W		NAME		
STREET ADDRESS	PO BOX 152500		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>R.W. Tremp</i> RICHARD W. TREMPER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05-09-05 (813) 878-2221 <small>Date Daytime Phone #</small>		