

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90281 043 \*\*\*\*61.25

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<b>DOCUMENT # N05000007287</b> 1. Entity Name SOUTHEAST AIRSOFT LEGION, INC.					
Principal Place of Business % BRADLEY WINSTON 8211 W BROWARD BLVD - # 420 PLANTATION, FL 33324			Mailing Address % BRADLEY WINSTON 8211 W BROWARD BLVD - # 420 PLANTATION, FL 33324		
2. Principal Place of Business % BRADLEY WINSTON		3. Mailing Address % BRADLEY WINSTON			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>51-0550121</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, BRADLEY		NAME		
STREET ADDRESS	8211 W BROWARD BLVD - STE 420		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORAKER, KRIS		NAME		
STREET ADDRESS	13189 LA SABINA		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKASCHUS, ROLAND		NAME		
STREET ADDRESS	1329 N ANDREWS AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEHNER, FRANK		NAME		
STREET ADDRESS	501 N 26TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, ROBERT H		NAME		
STREET ADDRESS	3032 QUANTUM LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAJKOWSKI, DAVE		NAME		
STREET ADDRESS	3308 S DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33401		CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-16-06</b> Daytime Phone # <b>954 475-9666</b>		