


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N47646 1. Entity Name SOUTHEAST CHAPTER, R&LHS, INC.	
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Principal Place of Business 188 SOUTH LAKE DR. SAINT AUGUSTINE, FL 32092 US	Mailing Address P.O. BOX 43534 JACKSONVILLE, FL 32203-3534 US
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3129097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, PAUL A.
188 SOUTH LAKE DR.
SAINT AUGUSTINE, FL 32092

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JAMES A 2885 CIRCLE RIDGE DR ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWES, WILLIAM F JR. 3454 CORMORANT COVE DR JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, PAUL A 188 SOUTHLAKE DRIVE SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOWSON, ARTHUR L 3638 COLONY COVE TRAIL JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAINES, BARRY 810 TOWNCREEK PLACE CONCORD, NC 28025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEYNES, JOHN 1350 WEDGEWOOD ROAD JACKSONVILLE, FL 32259

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U00000709475
04/25/07-80004-020 61.25

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.

SIGNATURE: William F. Howes, Jr. 4/12/07 (904) 268-7873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #