

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 044 ***150.00

DOCUMENT # P00000049184 1. Entity Name SOUTHEAST MARKETING ADVISORS, INC.																													
Principal Place of Business 2601 LIGHTFOOT ROAD WIMAUMA, FL 33598 US			Mailing Address 2601 LIGHTFOOT ROAD WIMAUMA, FL 33598 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1011011 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name BARBARA E. MEZZATESTA Street Address (P.O. Box Number is Not Acceptable) 2601 LIGHTFOOT ROAD WIMAUMA, FL 33598 City FL Zip Code																										
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>[Signature]</i> DATE: 3/8/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when forwarding)																													
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																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD NIES, ROBERT J</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>1540 FARRINDON CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HEATHROW, FL 32746</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PSTD NIES, ROBERT J	☐ Delete	NAME	1540 FARRINDON CIRCLE		STREET ADDRESS	HEATHROW, FL 32746		CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">SEC/TRES BARBARA E. MEZZATESTA</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>2601 LIGHTFOOT ROAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WIMAUMA, FL 33598</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	SEC/TRES BARBARA E. MEZZATESTA	☐ Change ☐ Addition	NAME	2601 LIGHTFOOT ROAD		STREET ADDRESS	WIMAUMA, FL 33598		CITY - ST - ZIP		
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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 as changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT J. NIES, PRESIDENT			Date: 3/8/07 Daytime Phone #: 407-618-3720																										