2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 31, 2008 08:00 AN **DOCUMENT # P00000086813 Secretary of State** 1. Entity Name SOUTHEASTERN CONSTRUCTION, INC. Principal Place of Business Mailing Address **504 WEST INTENDENCIA 504 WEST INTENDENCIA** PENSACOLA, FL 32502 PENSACOLA, FL 32502 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3669875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HIGHTOWER, DAVID E DO NOT WRITE 3 W GARDEN ST, STE 700 PENSACOLA, FL 32501 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 protect name of registered agent and title if applicable DATE INOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVTS** FITLE NAME O'HARA, WAYNE 000000873504 STREET ADDRESS 504 W. INTENDENCIA ñ4/1ñ/ñ8-80081-018 150.00 CITY-ST-7IP PENSACOLA, FL 32502 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of the receiver or truese expowered to recurr 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 like empowered.

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SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS