


**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90001 001 \*\*\*550.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000112468</b> 1. Entity Name <b>SOUTHEASTERN FINANCIAL, INC.</b>	
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**40085600**

Principal Place of Business <b>6200 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211</b>	Mailing Address <b>P.O. BOX 19618 JACKSONVILLE, FL 32245</b>
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05232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3880312</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>

8. Name and Address of Current Registered Agent  <b>CHAPMAN, GINGER 6200 ARLINGTON EXPRESSWAY, B JACKSONVILLE, FL 32211</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHAPMAN, GINGER 6200 ARLINGTON EXPRESSWAY, B JACKSONVILLE, FL 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CINTRON, CARLOS 6200 ARLINGTON EXPRESSWAY, B JACKSONVILLE, FL 32211</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:** *Ginger Chapman* 5/23/05 904-724-3031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone