

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013121

**FILED**  
**Feb 23, 2006**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN DEVELOPMENT GROUP, INC.

**Current Principal Place of Business:**

4184 COQUINA DR  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

4385 TRADEWINDS DR  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

4184 COQUINA DR  
JACKSONVILLE, FL 32250

**New Mailing Address:**

4385 TRADEWINDS DR  
JACKSONVILLE, FL 32250

**FEI Number:** 59-3690021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SESSIONS, JASON  
4184 COQUINA RD  
JACKSONVILLE, FL 32250 US

**Name and Address of New Registered Agent:**

SESSIONS, JASON  
4385 TRADEWINDS DR  
JACKSONVILLE, FL 32250 US

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.

**SIGNATURE:**

02/23/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SESSIONS, JASON  
Address: 4184 COQUINA DR  
City-St-Zip: JACKSONVILLE, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SESSIONS, JASON  
Address: 4385 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP ( ) Change (X) Addition  
Name: SESSIONS, KIMBERLY  
Address: 4385 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JASON SESSIONS

P

02/23/2006

Electronic Signature of Signing Officer or Director

Date