


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000060269</b>	
1. Entity Name <b>SOUTHEASTERN AG SERVICE, INC.</b>	

Principal Place of Business <b>1617 S. DOVER RD. DOVER FL 33527</b>	Mailing Address <b>1617 S. DOVER RD. DOVER FL 33527</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>59-3725690</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>HYNICK, ANDREW 1617 S. DOVER RD. DOVER FL 33527</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
 Signature, typed or printed name of registered agent and title (if applicable) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STINSON, GEORGE S</b>	
STREET ADDRESS	<b>170 S. RAMONA</b>	
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COFER, WILLIAM P</b>	
STREET ADDRESS	<b>10333 OKEECHOBEE RD</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34945</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>HYNICK, ANDREW</b>	
STREET ADDRESS	<b>1617 S. DOVER RD</b>	
CITY-ST-ZIP	<b>DOVER FL 33527</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 04/10/08-80066-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Andrew Hynick Andrew Hynick March 23, 2008 (813) 684-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Year