

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060269

FILED
Apr 14, 2009
Secretary of State

Entity Name: SOUTHEASTERN AG SERVICE, INC.

Current Principal Place of Business:

10333 OKECHOBEE RD.
FT PIERCE, FL 34945

New Principal Place of Business:

10333 OKECHOBEE RD.
FT PIERCE, FL 34945 US

Current Mailing Address:

10333 OKECHOBEE RD.
FT PIERCE, FL 34945

New Mailing Address:

10333 OKECHOBEE RD.
FT PIERCE, FL 34945 US

FEI Number: 59-3725690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNICK, ANDREW
1617 S. DOVER RD.
DOVER, FL 33527 US

Name and Address of New Registered Agent:

COFER, WILLIAM P
10333 OKECHOBEE RD.
FT PIERCE, FL 34945 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: WILLIAM P. COFER

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STINSON, GEORGE S
Address: 170 S. RAMONA
City-St-Zip: LAKE ALFRED, FL 33850

Title: V () Delete
Name: COFER, WILLIAM P
Address: 10333 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34945

Title: VST () Delete
Name: HYNICK, ANDREW
Address: 1617 S. DOVER RD
City-St-Zip: DOVER, FL 33527

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STINSON, GEORGE S
Address: 170 S. RAMONA
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: VST (X) Change () Addition
Name: COFER, WILLIAM P
Address: 10333 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: V (X) Change () Addition
Name: COFER, WILLIAM P IV
Address: 10333 OKEECHOBEE RD
City-St-Zip: FT PIERCE, FL 34945 US

Title: V () Change (X) Addition
Name: COFER, MICHAEL L
Address: 10333 OKEECHOBEE RD
City-St-Zip: FT PIERCE, FL 34945 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM P. COFER

VST

04/14/2009

Electronic Signature of Signing Officer or Director

Date