

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060269

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** SOUTHEASTERN AG SERVICE, INC.

**Current Principal Place of Business:**

10333 OKECHOBEE RD.  
FT PIERCE, FL 34945 US

**New Principal Place of Business:**

**Current Mailing Address:**

10333 OKECHOBEE RD.  
FT PIERCE, FL 34945 US

**New Mailing Address:**

**FEI Number:** 59-3725690      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM P. COFER

VP

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date