


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000079049	
1. Entity Name SOUTHEASTERN COMPUTER CENTER, INC.	

Principal Place of Business 4809 N. PALAFOX ST. PENSACOLA, FL 32505-2907	Mailing Address 4809 N. PALAFOX ST. PENSACOLA, FL 32505-2907
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3734872	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WEAVER, RICHARD H 7013 BELGIUM CIR. PENSACOLA, FL 32526	

DO NOT WRITE IN THIS SPACE

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEAVER, RICHARD H 7013 BELGIUM CIR. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KILLEN, DONALD 2712 CHICAGO CT. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOGK, MARK 558 E. TEN MILE RD. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEAVER, DANIEL S 7013 BELGIUM CIR. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINK, JOHN I 5420 COVENTRY AVE. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: 	1-7-05	800-434-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #