2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093160

1. Entity Name

SOUTH EAST BUSINESS SERVICES, INC.



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2847 YONKERS COURT OVIEDO, FL 32765 2847 YONKERS COURT OVIEDO, FL 32765

FILED Jan 11, 2007 8:00 am Secretary of State

01-11-2007 90053 007 ***150.00

AUUUTOPA



01062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-2343503

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHNNIE W 2847 YONKERS COURT OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

	· :			114	THO OF ACE
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					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 9. Election Campaig Trust Fund Contri		ing	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIRECTORS				
TITLE	D				
NAME	WILLIAMS, JOHNNIE W				
STREET ADDRESS	2847 YONKERS COURT				
CITY-ST-ZIP	OVIEDO, FL 32765				
TITLE					
NAME	·	,			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		i			
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP				, DQ	NOT WINTE
TITLE				IN ⁻	THIS SPACE
NAME	,			• • • • • • • • • • • • • • • • • • • •	11110 017102
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME		1			
STREET ADDRESS		Į			
CITY OF TID	1				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _<

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 6 2007

407.259.2747

Daytime Phone #