

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000100129 1. Entity Name SOUTHEASTERN PROPERTY CONSULTANTS, INC.		
Principal Place of Business 452 OSCEOLA ST SUITE 107 ALTAMONTE SPRINGS, FL 32701	Mailing Address 452 OSCEOLA ST SUITE 107 ALTAMONTE SPRINGS, FL 32701	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 06292005 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 59-3743875 </div> <div style="width: 35%;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent KUVEKE, HENRY L IV 1313 HOLLY GLENN RUN APOPKA, FL 32703		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	PD	<div style="font-size: 18px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> <div style="font-size: 12px; margin-top: 20px;"> U00000370151 07/05/05-80003-016 150.00 </div>
NAME	KUVEKE, HENRY L IV	
STREET ADDRESS	1313 HOLLY GLENN RUN	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 6/30/05 407-767-0823 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>