

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000078731

1. Entity Name
SOUTHEASTERN INVESTMENT GROUP, INC.



Principal Place of Business

7402 N 56TH ST
SUITE 880
TAMPA, FL 33617-4444

Mailing Address

7402 N 56TH ST
SUITE 880
TAMPA, FL 33617-4444



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1599035

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

D SEKAJIPO, LAWRENCE
7402 N 56TH ST
SUITE 880
TAMPA, FL 33617-4417

**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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCEO
SEKAJIPO, LAWRENCE D CPA
7402 N 56TH ST, STE 880
TAMPA, FL 336174414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
WOART, ANTHONY T
7402 N 56TH ST, STE 880
TAMPA, FL 336174417

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
HARRIS, WILFRED T
7402 N 56TH ST, STE 880
TAMPA, FL 336174414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
SEKAJIPO, KORLU K
7402 N 56TH ST, STE 880
TAMPA, FL 336174414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPM
SEKAJIPO, LAWRENCE D JR
7402 N 56TH ST, STE 880
TAMPA, FL 336174414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

UN00000560303
05/18/06-80034-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06

Date

8139193100

Daytime Phone