

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90123 003 ***158.75

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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

40092574



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1599035

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

D SEKAJPO, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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 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

4/30/08
Date

(813) 989-3100
Daytime Phone #