2005 FOR PROFIT CORPORATION ANNUAL REPORT

-Jan 14, 2005 08:00 AM DOCUMENT # P03000139103 **Secretary of State** SOUTHEAST COMMUNICATION CONSTRUCTION, INC. Principal Place of Business Mailing Address 830-13 A1A NORTH #352 830-13 A1A NORTH #352 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 32-0097736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOODE, VANCE A III DO NOT WRITE 28-A NORTH ROSCOE BOULEVARD PONTE VEDRA BEACH, FL 32082 IN THIS SPACE s. 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. (NCTE, Registered Agent signature required when reinstatura) DATE 9. Electron Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GOODE, VANCE A III U00000180371 STREET ADDRESS 28-A NORTH ROSCOE BLVD. 01/14/05-80003-004 150.00 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE POORE, MARK E MAME STREET ADDRESS 830-13 A1A NORTH #352 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME CRUMRINE, JOHN A STREET ADDRESS 251 CORAL WAY DO NOT WRITE CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 TiTLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: __

INTLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DI

Vance A. Goodette 1/11/05 904-626-4961

FILED