

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000088478

**FILED**  
**Jul 07, 2005**  
**Secretary of State**

**Entity Name:** SOUTHEAST DEVELOPERS GROUP, INC

**Current Principal Place of Business:**

341 SW RING CT  
SUITE 102  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

341 SW RING CT  
SUITE 102  
LAKE CITY, FL 32025 US

**New Mailing Address:**

**FEI Number:** 20-1227524      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICKELSON, JOSHUA A  
341 SW RING CT  
SUITE 102  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NICKELSON, JOSHUA A  
Address: 341 SW RING CT , SUITE 102  
City-St-Zip: LAKE CITY, FL 32025 US

Title: VP (X) Delete  
Name: BLANK, TREVOR W  
Address: 341 SW RING CT, SUITE 102  
City-St-Zip: LAKE CITY, FL 32025 US

Title: VP (X) Delete  
Name: BLANK, DAVID W  
Address: 611 SW WALTER AVE.  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA A NICKELSON

P

07/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date