


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000090686 1. Entity Name AXIS GROUP SOUTHEAST, INC.	
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Principal Place of Business 2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759	Mailing Address 2625 MCCORMICK DRIVE SUITE 104 CLEARWATER, FL 33759
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1232725	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARDS, THOMAS J
2625 MCCORMICK DRIVE
SUITE 104
CLEARWATER, FL 33759

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES EDWARDS, THOMAS J 418 SILVER MOSS LANE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES PUGHE, THOMAS J 3941 NE 31ST AVENUE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA EDWARDS, SHAWNA L 418 SILVER MOSS LANE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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05/16/08-80009-013 150.00

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 officers empowered.

SIGNATURE: Shawna Edwards 4-15-08 727-669-2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #