

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090686

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: AXIS GROUP SOUTHEAST, INC.

## Current Principal Place of Business:

2625 MCCORMICK DRIVE  
SUITE 104  
CLEARWATER, FL 33759

## New Principal Place of Business:

## Current Mailing Address:

2625 MCCORMICK DRIVE  
SUITE 104  
CLEARWATER, FL 33759

## New Mailing Address:

FEI Number: 20-1232725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: EDWARDS, THOMAS J  
Address: 418 SILVER MOSS LANE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PRES ( ) Delete  
Name: PUGHE, THOMAS J  
Address: 3941 NE 31ST AVENUE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: TREA ( ) Delete  
Name: EDWARDS, SHAWNA L  
Address: 418 SILVER MOSS LANE  
City-St-Zip: TARPON SPRINGS, FL 34688

## 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 exemption stated 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 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: PETE BURSIK

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

REC

04/30/2009

\_\_\_\_\_  
Date