

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113696

Entity Name: SOUTH EAST REP GROUP, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

1250 CREEK NINE DR
NORTH PORT, FL 34286 US

New Principal Place of Business:

1250 CREEK NINE DR
NORTH PORT, FL 34291 US

Current Mailing Address:

P.O.BOX 495789
PT. CHARLOTTE, FL 33949 US

New Mailing Address:

P.O.BOX 8066
NORTH PORT, FL 34290 US

FEI Number: 01-0677914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, HOLLY M
1250 CREEK NINE DR
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

HENRY, HOLLY M
1250 CREEK NINE DR
NORTH PORT, FL 34291 US

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:

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, HOLLY M
Address: 1250 CREEK NINE DR
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENRY, HOLLY M
Address: 1250 CREEK NINE DR
City-St-Zip: NORTH PORT, FL 34291 US

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: HOLLY M. HENRY

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date