


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000002241 1. Entity Name CONSOLIDATED SOUTHEASTERN INVESTMENTS, INC.		
Principal Place of Business 10260 WATERS EDGE COURT BROOKSVILLE, FL 34613	Mailing Address 10260 WATERS EDGE COURT BROOKSVILLE, FL 34613	
4. FEI Number 20-2109901		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WARD, ELDON B 10260 WATERS EDGE COURT BROOKSVILLE, FL 34613		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, ELDON B 10260 WATERS EDGE COURT BROOKSVILLE, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNDBLAD, ELROY 9463 WILDERNESS TRAIL BROOKSVILLE, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000713580 04/26/07-80094-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 like empowered.		
SIGNATURE: <u>ELDON B. WARD</u> ELDON B. WARD, PRESIDENT 4-16-07 352-592-5117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		