## P05000011315

(Re	questor's Name)	
(Ad	(dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300104643753

06/28/07--01009--008 \*\*35.00

My Dis Koryo

SLORETARY OF STATE ALLAHASSEE, FI ORIGINA

FILED

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Southeast Mutual Insurance and Investment, Inc
(Name of Corporation)
DOCUMENT NUMBER: P05000011315
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donald R. Babb
(Name of Person)
Southeast Mutual Insurance and Investment Inc.
(Name of Firm/Company)
259 McLeod St
(Address)
Merritt Island, FL 32953
(City/State and Zip Code)
For further information concerning this matter, please call:
Donald R. Babb  at ( 321 ) 453-3020  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> Donna Babb	hereby resign as Vice President (Title)
of Southeast Mutual Insurance a	• ,
P05000011315 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
$\mathcal V$	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314