2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P05000011315

Entity Name: SOUTHEAST MUTUAL INSURANCE AND INVESTMENT, INC.

Current Principal Place of Business:

259 MCLEOD ST.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

259 MCLEOD ST.
259
MERRITT ISLAND, FL 32953

Current Mailing Address:

259 MCLEOD ST.
MERRITT ISLAND, FL 32953

New Mailing Address:

259 MCLEOD ST.
259
MERRITT ISLAND, FL 32953

FEI Number: 52-2450372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLOWACKI, BRIAN D
259 MCLEOD ST
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

BABB, DONALD
259 MCLEOD ST
259
MERRITT ISLAND, FL 32953 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: DONALD BABB 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BABB, DONALD R
Address: 3502 TIPPERARY CT.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BABB, DONALD R
Address: 422 WATERSIDE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TRES ( ) Change (X) Addition
Name: BABB, DONNA
Address: 422 WATERSIDE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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: DONALD BABB PRES 04/27/2009
Electronic Signature of Signing Officer or Director Date