

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000011315

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**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:**

130 N. TROPICAL TRAIL  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

259 MCLEOD ST.  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

130 N. TROPICAL TRAIL  
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:**

BABB, DONALD  
259 MCLEOD ST  
259  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

BABB, DONALD  
130 N. TROPICAL TRAIL  
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:

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TRES  
Name: BABB, DONNA  
Address: 422 WATERSIDE DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby 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 all other like empowered.

SIGNATURE: DONALD R. BABB

PRES

04/19/2012

Electronic Signature of Signing Officer or Director

Date