
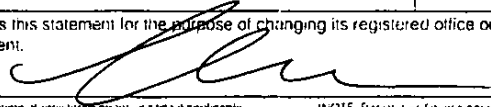
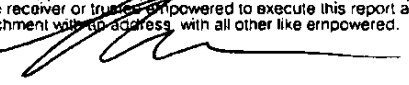


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-25-2007 90044 031 ***150.00

DOCUMENT # P06000044239 1. Entity Name SOUTHEAST BENEFITS, INC.					
Principal Place of Business 1 NE 1ST AVE STE 311 OCALA FL 34470			Mailing Address 1 NE 1ST AVE - STE 311 OCALA FL 34470		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4581168	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, ROBERT D 954 E SILVER SPRINGS BLVD # 101 OCALA FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  8/15/07 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-registered)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREER, R. DAVID 1 NE 1ST AVE - STE 311 OCALA FL 34470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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: 			7-15-07 (352) 671-4450		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		



ATTACHMENT

Florida Department of Revenue
Notice of Final Assessment

07/31/2007

 66021151
 #precautionary
 DH-207004
 R. 02/05

SOUTHEAST BENEFITS INC
 1 NE 1ST AVE STE 311
 OCALA FL 34470-6632

Tax : Corporate Income Tax
 Business Partner # : 2364583
 Contract Object # : 13662578
 FEIN : 20-4581168

Location Address:

SOUTHEAST BENEFITS INC
 1 NE 1ST AVE STE 311
 OCALA FL 34470-6632

You must immediately resolve your outstanding liability with the Florida Department of Revenue by paying the amount due or showing why you do not owe this amount. A detailed breakdown of the assessment is enclosed. We have previously contacted you about this liability. As allowed by Florida Statutes, this assessment may be based on estimates and does not preclude future assessments if we discover additional liabilities.

State monies may be at risk because this outstanding liability has not been resolved. Failure to resolve this immediately could result in further collection activity, including but not limited to:

- Referring your account to a private collection agency.
- Filing a tax warrant against you with the Florida Secretary of State and the Clerk of the Circuit Court in counties where you have assets.

Direct your inquiries or mail your payment along with all delinquent tax returns to:

ALACHUA SERVICE CENTER
 14107 US HIGHWAY 441 STE 100
 ALACHUA FL 32615-6390
 386-418-4444

As required by Florida Statutes, your appeal rights are provided on the reverse side. Note the critical deadlines for each appeal option.



ATTACHMENT

Florida Department of Revenue

ALACHUA SERVICE CENTER
14107 US HIGHWAY 441 STE 100
ALACHUA FL 32615-6390
386-418-4444

Notice of Final Assessment Breakdown of Amounts Due

66021151

FF00600004437

DR-307004
R. 02/05

SOUTHEAST BENEFITS INC
1 NE 1ST AVE STE 311
OCALA FL 34470-6632

Tax : Corporate Income Tax
Business Partner # : 2364583
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1 NE 1ST AVE STE 311
OCALA FL 34470-6632

The following list of outstanding amounts includes two types of liabilities:

- Instances where you filed a tax return but owe money to the Department. In previous correspondence, we explained the reason(s) for the amount due.
- Instances where you did not file a tax return. These are noted with the words "estimated delinquency." The Department may have estimated the amount due for the delinquent period or simply noted that a return was not filed. Where an "estimated delinquency" is noted, you should use your records to determine the **actual amount** of tax, penalty, and interest due for that period and complete the appropriate tax return(s). If you need blank returns, contact the office listed above.

Submit your payment as well as any delinquent (unfiled) tax returns to the office listed above. Make checks payable to the Florida Department of Revenue.

Collection Period		Tax Due	Penalty Due	Interest Due	TOTAL DUE
2006	Estimated Delinquency	\$300.00	\$0.00	\$0.00	\$300.00
TOTALS:		\$300.00	\$0.00	\$0.00	\$300.00