

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000071093

1. Entity Name  
SOUTHEAST SLEEP CONSULTANTS, INC.



Principal Place of Business  
1125 N SUMMIT ST  
CRESCENT CITY, FL 32112

Mailing Address  
1125 N SUMMIT ST  
CRESCENT CITY, FL 32112



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1767209	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BUTLER, WILLIAM E  
1125 N SUMMIT ST  
CRESCENT CITY, FL 32112

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

05/20/08-80109-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	SVP
NAME	BUTLER, WILLIAM E
STREET ADDRESS	1125 N SUMMIT ST
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	DVP
NAME	FLETCHER, WARREN D
STREET ADDRESS	1125 N SUMMIT ST
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	DVP
NAME	AUSTIN, MATTHEW M
STREET ADDRESS	5585 BRONTON W GREEN HWY
CITY-ST-ZIP	BROXTON, GA 31519
TITLE	D
NAME	AUSTIN, JOHN M
STREET ADDRESS	457 SHIPESVILLE RD
CITY-ST-ZIP	DENTON, GA 31532
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*William E. Butler* WILLIAM E. BUTLER

4/22/06 (386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #