

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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



04232008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

04232008-00109-003 158.75

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

Wm E. Butler William E. Butler 4/22/08 (386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #