


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/2/2008-90032-002-\$550.00-\$550.00

DOCUMENT# P07000081608		
1. Entity Name SOUTHEAST BENEFITS ADVISOR, INC.		

FILED

08 OCT -9 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 3050 LANDMARK BOULEVARD CONDO 1008 PALM HARBOR, FL 34684 US	Mailing Address 3050 LANDMARK BOULEVARD CONDO 1008 PALM HARBOR, FL 34684 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04032008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0546342 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PICCIRILLO, ROBERT 3050 LANDMARK BOULEVARD CONDO 1008 PALM HARBOR, FL 34684	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICCIRILLO, ROBERT 3050 LANDMARK BOULEVARD- CONDO 1008 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 26, 2008  
[Signature]