

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90003 045 \*\*\*150.00

**DOCUMENT # P07000095945**

1. Entity Name

**SOUTHEAST INTERIORS, INC.**



Principal Place of Business

**12 WHITHER PL.  
PALM COAST FL 32137**

Mailing Address

**12 WHITHER PL.  
PALM COAST FL 32137**

2. Principal Place of Business - No P.O. Box #

**Same**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

**26-0795748**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NUNNALLY, JOSHUA V  
2 COLD SPRING CT  
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

**Barry Nunnally**

Street Address (P.O. Box Number is Not Acceptable)

**12 Whither Pl.**

City

**Palm Coast**

FL

Zip Code

**32167**

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

*Barry Nunnally*

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DVP                 | <input type="checkbox"/> Delete |
| NAME           | NUNNALLY, JOSHUA V  |                                 |
| STREET ADDRESS | 2 COLD SPRING CT    |                                 |
| CITY-ST-ZIP    | PALM COAST FL 32137 |                                 |
| TITLE          | DP                  | <input type="checkbox"/> Delete |
| NAME           | NUNNALLY, BARRY S   |                                 |
| STREET ADDRESS | 2 COLD SPRING CT    |                                 |
| CITY-ST-ZIP    | PALM COAST FL 32137 |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | NUNNALLY, SCOTT     |                                 |
| STREET ADDRESS | 2 COLD SPRING CT    |                                 |
| CITY-ST-ZIP    | PALM COAST FL 32137 |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | NUNNALLY, MARY A    |                                 |
| STREET ADDRESS | 2 COLD SPRING CT    |                                 |
| CITY-ST-ZIP    | PALM COAST FL 32137 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |             |   |
|----------------|-------------|---|
| TITLE          |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |   |
| STREET ADDRESS |             |   |
| CITY-ST-ZIP    | <b>Same</b> |   |
| TITLE          |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |   |
| STREET ADDRESS |             |   |
| CITY-ST-ZIP    | <b>Same</b> |   |
| TITLE          |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |   |
| STREET ADDRESS |             |   |
| CITY-ST-ZIP    | <b>Same</b> |   |
| TITLE          |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |   |
| STREET ADDRESS |             |   |
| CITY-ST-ZIP    | <b>Same</b> |   |
| TITLE          |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |   |
| STREET ADDRESS |             |   |
| CITY-ST-ZIP    |             |   |
| TITLE          |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |             |   |
| STREET ADDRESS |             |   |
| CITY-ST-ZIP    |             |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Barry Nunnally*

Date

**2/11/08**

Daytime Phone #