

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P21185

1. Entity Name
SOUTHEAST LEARNING SYSTEMS, INC.



Principal Place of Business
**35883 US HWY 280
SYLACAUGA, AL 35150 US**

Mailing Address
**35883 US HWY 280
SYLACAUGA, AL 35150 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **63-0955345** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLAIN, EDDIE W.
348 SW MIRACLE STRIP PKWY
STE 29
FORT WALTON BEACH, FL 32548**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCLAIN, EDDIE W.
STREET ADDRESS 123 HICKORY STREET
CITY-ST-ZIP CHILDERSBURG, AL 35044

TITLE CVD
NAME PERKINS, GEORGE A.
STREET ADDRESS 1636 OLD FAYETTEVILLE RD
CITY-ST-ZIP SYLACAUGA, AL 35150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000198852
01/27/05-80067-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05 254-378-3752
Date Daytime Phone #