

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25884

Entity Name: APAC-SOUTHEAST, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

3111 PORT COBB DRIVE
SMYRNA, GA 30080 US

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 14000
LEXINGTON, KY 40512 US

New Mailing Address:

FEI Number: 58-1401468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DONOFRIO, DAVID A
Address: 1451 MYRTLE STREET
City-St-Zip: SARASOTA, FL 34234 US

Title: V/AS () Delete
Name: SUVER, JAMI K
Address: 500 DIEDERICH BLVD.
City-St-Zip: RUSSELL, KY 41169 US

Title: D/P () Delete
Name: NICHOLS, FRANK D JR.
Address: 3111 PORT COBB DRIVE
City-St-Zip: SMYNA, GA 33080 US

Title: VPAS () Delete
Name: COLVIN, JEROME M
Address: 3499 DABNEY DRIVE
City-St-Zip: LEXINGTON, KY 40512 US

Title: S/T () Delete
Name: ONUSCHAK, PETER W
Address: 3111 PORT COBB DRIVE
City-St-Zip: SMYRNA, GA 30080 US

Title: D/VP () Delete
Name: MULLENDORE, TIMOTHY G
Address: 700 SOUTH 37TH STREET
City-St-Zip: BIRMINGHAM, AL 35222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME M COLVIN

ASAT

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date