

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 03, 2006  
Secretary of State**

DOCUMENT# P25884

Entity Name: APAC-SOUTHEAST, INC.

**Current Principal Place of Business:**

3111 PORT COBB DRIVE  
SMYRNA, GA 30080 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: STATE INCOME TAX  
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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DVP ( ) 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  
Name:  
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 Chapter 119, 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

AS/T

01/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date