

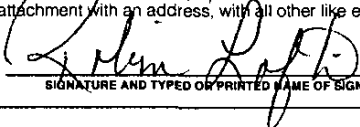


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 AUG -4 AM 8:33

DOCUMENT # P94000051676					
1. Entity Name SOUTHEAST AGNET, INC.					
Principal Place of Business 90 PINE DRIVE KENANSVILLE, FL 34739			Mailing Address 90 PINE DRIVE KENANSVILLE, FL 34739		
2. Principal Place of Business 5053 NW 70 th Avenue Suite, Apt. #, etc.		3. Mailing Address 5053 NW 70 th Avenue Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 59-3258034	
Zip 34482		Country Marion		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, WILLIAM G 90 PINE DRIVE KENANSVILLE, FL 34739			7. Name and Address of New Registered Agent Name Cooper, William G. Street Address (P.O. Box Number is Not Acceptable) 5053 NW 70 th Avenue City Ocala FL 34482 Zip Code FL 34482		
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  8/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, WILLIAM G 90 PINE DRIVE KENANSVILLE, FL 34739 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5053 NW 70 th Avenue Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOFTIN, ROBIN E. 90 PINE DR KENANSVILLE, FL 34739 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/ST 5053 NW 70 th Avenue Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500058477805 08/11/05--01034--003 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			8/2/05 352-671-1909 Date Daytime Phone #		