

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90299 037 ***158.75

DOCUMENT # P95000034872					
1. Entity Name SOUTHEASTERN MUTUAL DEVELOPMENT CORPORATION					
Principal Place of Business 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408-3208			Mailing Address 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408-3208		
2. Principal Place of Business 2401 PGA Blvd. Suite Apt. #, etc. Suite 148		3. Mailing Address 2401 PGA Blvd. Suite Apt. #, etc. Suite 148			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 65-0591076	
Zip 33410		Country USA		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRICKER, H. MAX 11300 U.S. HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408-3208			7. Name and Address of New Registered Agent Name H. Max Fricker Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd. Suite 148 City Palm Beach Gardens FL 33410		
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		H. Max Fricker		3-15-05	
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. <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 FRICKER, H. MAX 11300 U.S. HIGHWAY ONE, SUITE 203 NORTH PALM BEACH, FL 334083208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H. Max Fricker 2401 PGA Blvd., Ste. 148 Palm Beach Gardens, FL 33410	<input checked="" 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
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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:		H. Max Fricker		3-15-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	