

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056381

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** SOUTHEASTERN HOME BUILDING SERVICES, INC.

**Current Principal Place of Business:**

3797 BLOXHAM CUTOFF  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

3797 BLOXHAM CUTOFF  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 59-2441672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, WILLIAM M  
3797 BLOXHAM CUTOFF  
CRAWFORDVILLE, FL 32327 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: P ( ) Delete  
Name: BROWN, MORRIS  
Address: 3797 BLOXHAM CUTOFF  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete  
Name: TILL, JOHN D  
Address: 3074 SHAMROCK NORTH  
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete  
Name: WILLIAMS, PAUL  
Address: 3797 BLOXHAM CUTOFF ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, PAUL  
Address: 3797 BLOXHAM CUTOFF ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify 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:** MORRIS BROWN

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date