

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 035 ***150.00

DOCUMENT # P95000097448

1. Entity Name
DIRECT MARKETING SOUTHEAST, INC.



Principal Place of Business
8038 OLD CR 54
NEW PORT RICHEY, FL 34653 US

Mailing Address
8038 OLD CR 54
NEW PORT RICHEY, FL 34653 US



2. Principal Place of Business - No P.O. Box #
2050 TALL PINES DR.

3. Mailing Address
2050 TALL PINES DR.

03072007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

City & State
LARGO, FL

City & State
LARGO, FL

4. FEI Number
59-3349760

Applied For
Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARBER, CHARLES
1550 S. HIGHLAND AVE. SUITE B
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
W. J. LATVALA
~~8038 OLD CR 54~~
~~NEW PORT RICHEY, FL 34653~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
LATVALA, CHRISTOPHER
8038 OLD C.R. 54
NEW PORT RICHEY, FL 34653

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2050 TALL PINES DRIVE
LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Woodward J. Latvala 4/24/07 727-545-9566