

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009356

FILED
Jan 12, 2004
Secretary of State

Entity Name: IROQUOIS SOUTHEAST INC.

Current Principal Place of Business:

406 WEST STATE STREET
OLEAN, NY 14760

New Principal Place of Business:

Current Mailing Address:

P.O BOX 806
OLEAN, NY 14760

New Mailing Address:

FEI Number: 65-0693892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: PD () Delete
Name: REITER, MIKE
Address: 2804 DEL PRADO BLVD STE 201
City-St-Zip: CAPE CORAL, FL

Title: VD () Delete
Name: CHIAPUSO, JOSEPH
Address: 106 SOUTH SHORE RD
City-St-Zip: CUBA, NY 14727

Title: SD () Delete
Name: BRANCH, WILLIAM A
Address: 1235-E EAST BLVD BOX 240
City-St-Zip: CHARLOTTE, NC

Title: ASTD () Delete
Name: BRANCH, LAURIE A
Address: 304 VAN BUREN AVE
City-St-Zip: OLEAN, NY

Title: C () Delete
Name: BRANCH, PAUL M
Address: 1309 BUCHANAN AVE
City-St-Zip: OLEAN, NY

Title: V () Delete
Name: FLAHERTY, JEFFREY P
Address: 192 COLLEGE ST
City-St-Zip: WADSWORTH, OH 44281

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REITER, MIKE
Address: 16720 BEAUCLAIRE CT.
City-St-Zip: TAVARES, FL 327789790

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 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 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: LAURIE A. BRANCH

ASTD

01/12/2004

Electronic Signature of Signing Officer or Director

Date