2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000048071

1. Entity Name
SOUTHEAST REALTY ADVISORS, INC.

Principal Place of Business	Mailing Address
~~503 WEKIVA COMMONS CIRCLE~~ ~~APOPKA, FL 32712 US~~ *4848 LAKE CARLTON DRIVE Mt. DORA, FL 32757*	PO BOX 1029 APOPKA, FL 32704 US
2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

04162008   Chg-P   CR2E034 (12/06)

4. FEI Number
59-3387301

Applied For / Not Applicable

5. Certificate of Status Desired

$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, DONALD L JR. ~~503 WEKIVA COMMONS CIRCLE~~ ~~APOPKA, FL 32712~~	Name *4848 LAKE CARLTON DR.* Street Address (P.O. Box Number is Not Acceptable) *Mt. DORA, FL 32757*

City — *Mt. DORA* — 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, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPAS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MOORE, DONALD L JR.		NAME			
STREET ADDRESS	503 WEKIVA COMMONS CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____ *Donald Moore President* 4/16/08 321-229-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #