

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000077804	
1. Entity Name SOUTHEAST CONSERVANCY GROUP, INC.	

Principal Place of Business 1500 SW MAPP RD. PALM CITY FL 34490 US	Mailing Address 1500 SW MAPP RD. PALM CITY FL 34490 US
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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

4. FEI Number 65-0708089		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent MIOSI, ROSEMARY 1500 SW MAPP RD PALM CITY FL 34990	
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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 fee if not applicable. (NOTE: Registered Agent signature required when re-registering)) DATE _____

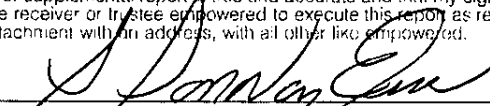
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ESSEN, S. DONOVAN 1500 SW MAPP RD. PALM CITY FL 34990 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
U00000875861 04/11/08-80050-014 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/27/08 AD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR