## 2005 FOR PROFIT CORPORATION

## Jan 19, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P96000087172 1. Entity Name SOUTHEAST BUSINESS PARTNERS, INC. Principal Place of Business 📃 Mailing Address 1041 W. COMMERCIAL BLVD. 1041 W. COMMERCIAL BLVD. #101 #101 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 01122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0706046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RUSSELL, WILLIAM R JR DO NOT WRITE 1041 W. COMMERCIAL BLVD. #101 IN THIS SPACE FORT LAUDERDALE, FL 33309 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PTSD RUSSELL, WILLIAM R JR NAME STREET ADDRESS 1041 W. COMMERCIAL BLVD., #101 000000185788 01/21/05-80029-020 1**50.**00 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling does not qualify 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**