

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90211 045 ***150.00

14009806



04152004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0717119** Applied For Not Applicable

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

DOCUMENT # P97000002834
 1. Entity Name
SOUTHEASTERN PRINTING COMPANY, INC.

Principal Place of Business: **3601 S.E. DIXIE HWY STUART, FL 34997 US**
 Mailing Address: **3601 S.E. DIXIE HWY STUART, FL 34997 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



6. Name and Address of Current Registered Agent
BRODIE, LAWRENCE P
525 CAMDEN CIRCLE
SUART, FL 33994

7. Name and Address of New Registered Agent
 Name: **Donald N Mader**
 Street Address (P.O. Box Number is Not Acceptable): **3601 SE Dixie Hwy**
 City: **Stuart** State: **FL** Zip Code: **34997**

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]* **President** DATE: **4-26-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PS MADER, DONALD N 561 SW TIMBER TR STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGER, LAWRENCE 3601 S.E. DIXIE HWY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: *[Signature]* **Donald N Mader** DATE: **4-26-04** DAYTIME PHONE #: **770-287-0141**

Signature and typed or printed name of signing officer or director