## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 10, 2008 8:00 am Secretary of State

Soft SE_DIXE HWY STUARI, FL 34997 US STUARI, F	DOCUMENT # P9700002834  1. Entity Name ISOUTHEASTERN PRINTING COMPANY, INC.					03-10-2008 90062 049 ***150.00			
Sale: ApC 1, etc.  Sale: ApC 1, etc.  Sale: ApC 1, etc.  City & State  C	3601 S.E. D	IXIE HWY	3601 S.E. DIXIE HWY	3601 S.E. DIXIE HWY			1877 1 <b>88</b> 9 <b>5</b> 30 880 880	-	## <b>#</b> #################################
City & State  Applied for Mort Applicable  Set 75 Additional Recognition of R	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Country   Country   Country   Country   S. Certificate of Stritus Desired   \$8.75 Additional Fee Required   \$9.75 Additional	Suite, Apt, #, etc.		Suite, Apt. #, etc.		02112008	Chg-P	CR2E034 (12/06)		
S. Certificate of Status Desired   Peur Required   Peur Requir	City & State		City & State						
MADER, DONALD N 3601 SE DIXIE HWY STUART, FL 34997    City   FL   Zep Code	Zip	Country	Zip	Country		5. Certificate	of Status Desired		
Sievel Address (P.O. Box Number is Not Acceptable)   Sievel Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R	egistered Agent	
Sircet Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Vame				
B. 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  Signatur	3601 SE DIXIE HWY				Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Sundation, function of project agent agent and like it approaches.   INDIE_Requested Agent agent agent are recursed when remainancy   DATE    FILE NOWILL FEE IS \$150.00   9. Election Campaign Friending   Added to Fees    10. OFFICERS AND DIFECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS   11. ADDITIONS/CHANGES   11. ADDITIONS/CHAN				<u> </u>	City			FL Zip Cod	le
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TITLE   D   Delete   MAME   MADER, DONALD N   STREET ADDRESS   CITY-ST-ZIP   STUART, FL 34997   Delete   MAME   STREET ADDRESS   CITY-ST-ZIP   STUART, FL 34997   Delete   MAME   STREET ADDRESS   CITY-ST-ZIP   STUART, FL 34997   Delete   MAME   M	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 11
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	<b>├</b> :	partify that the information supplied with	this filing does not avalle to			d in Chapter 110	Elorida Statutos 1	further certify that the i-	nformation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08