

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042896

FILED
Jan 16, 2005
Secretary of State

Entity Name: SOUTHEAST INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

1780 N KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1505
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 59-3458963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUND, L. ALAN
1780 N. KROME AVE.
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NENEZIAN, GEORGE
Address: 7000 ABERDEEN WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD () Delete
Name: LUND, L. ALAN
Address: 1780 N. KROME AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: ST () Delete
Name: JONES, THOMAS R
Address: 17950 SW 285TH STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: JONES, JR., THOMAS R
Address: 17950 SW 285TH STREET
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. ALAN LUND

VP

01/16/2005

Electronic Signature of Signing Officer or Director

_____ Date