

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90067 008 ***150.00

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1. Entity Name
SOUTHEAST INSURANCE SOLUTIONS, INC.



Principal Place of Business
1780 N KROME AVE
HOMESTEAD, FL 33030 US

Mailing Address
P.O. BOX 1505
HOMESTEAD, FL 33090 US

40032160



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3458963

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NENEZIAN, GEORGE
STREET ADDRESS 7000 ABERDEEN WAY
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE VD
NAME LUND, L. ALAN
STREET ADDRESS 1780 N. KROME AVE.
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ST
NAME JONES, JR., THOMAS R
STREET ADDRESS 17950 SW 285TH STREET
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

L. Alan Lund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

Date

305-246-7502

Daytime Phone #