


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State


05-13-2005 90228 013 ***150.00

DOCUMENT # P97000066986 1. Entity Name SOUTHEASTERN OUTDOOR MANAGEMENT, INC.	
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Principal Place of Business 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405	Mailing Address 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE

50052488



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3460425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J
1002 W 23RD ST
STE 400
PANAMA CITY, FL 32405

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHAPMAN, DAVID M 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405
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IN THIS SPACE**

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:  **David M. Chapman** **4/25/05** **(850) 769-8981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #