

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90002 020 \*\*\*550.00

**DOCUMENT # P97000070330**

1. Entity Name

CORE SERVICES SOUTHEAST, INC.



Principal Place of Business

826 CREIGHTON RD., STE. B-100  
PENSACOLA FL 32504

Mailing Address

826 CREIGHTON RD., STE. B-100  
PENSACOLA FL 32504



2. Principal Place of Business - No P.O. Box #

6020 ENTERPRISE DR

Suite, Apt. #, etc.

3. Mailing Address

6020 ENTERPRISE DR

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/08)

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3472274

Applied For

Not Applicable

Zip

32505

Country

ESCAMBIA

Zip

32505

Country

ESCAMBIA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGGARD, CAROLYN J  
826 CREIGHTON RD., STE. B-100  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name JOHN WRIGHT

Street Address (P.O. Box Number is Not Acceptable)

6020 ENTERPRISE DR

City PENSACOLA, FL

FL

Zip 32505

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 \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HUGGARD, CAROLYN J  
STREET ADDRESS 826 CREIGHTON RD. STE B-100  
CITY-ST-ZIP PENSACOLA FL 32504 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECRETARY  
NAME JOHN WRIGHT  
STREET ADDRESS 6020 ENTERPRISE DR  
CITY-ST-ZIP PENSACOLA, FL 32505 ☒ Change ☐ Addition

TITLE PRESIDENT  
NAME MARK WRIGHT  
STREET ADDRESS 6020 ENTERPRISE DR  
CITY-ST-ZIP PENSACOLA, FL 32505 ☒ Change ☐ Addition

TITLE V. PRESIDENT  
NAME LANE HARPER  
STREET ADDRESS 6020 ENTERPRISE DR  
CITY-ST-ZIP PENSACOLA, FL 32505 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature, typed or printed name of signing officer or director

08-18-2008

850-434-9588