

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90452 021 \*\*\*150.00

<b>DOCUMENT # P98000054614</b> 1. Entity Name <b>SOUTHEASTERN LOGIC DESIGN, INC.</b>			
Principal Place of Business <b>109 STAR DR. FORT WALTON BEACH, FL 32547</b>		Mailing Address <b>109 STAR DR. FORT WALTON BEACH, FL 32547</b>	
2. Principal Place of Business <b>2029 Plantation Oaks Dr.</b>		3. Mailing Address <b>2029 Plantation Oaks Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Navarre, FL</b>		City & State <b>Navarre, FL</b>	
Zip <b>32566</b>		Zip <b>32566</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3519252</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VAUGHN, STAN W 109 STAR DRIVE FORT WALTON BEACH, FL 32547</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2029 Plantation Oaks Drive</b> City <b>Navarre</b> <b>FL</b> Zip Code <b>32566</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>VAUGHN, STAN W</b>	TITLE <b>D</b>	NAME <b>Stan W. Vaughn</b>
STREET ADDRESS <b>109 STAR DR</b>	CITY-ST-ZIP <b>FORT WALTON BEACH, FL 32547</b>	STREET ADDRESS <b>2029 Plantation Oaks Drive</b>	CITY-ST-ZIP <b>Navarre, FL 32566</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
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STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Stan W. Vaughn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/20/04</u> Daytime Phone # <u>850-936-7688</u>	