

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056130

FILED
Mar 08, 2004
Secretary of State

Entity Name: SOUTHEASTERN AQUATIC SERVICES, INC.

Current Principal Place of Business:

301 RAY ROAD
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

301 RAY ROAD
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 59-3519744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, WILLIAM A
301 RAY ROAD
DEFUNIAK SPRINGS, FL 32433

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: RAY, WILLIAM A
Address: 301 RAY ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: STD () Delete
Name: RAY, CORA J
Address: 301 RAY ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SRVP () Change (X) Addition
Name: RHODES, JAMES R
Address: 124 CAMP CREEK RD
City-St-Zip: DE FUNIAK SPGS., FL 32433 36

Title: VP () Change (X) Addition
Name: EDWARDS, JOSHUA L
Address: 124 CAMP CREEK RD
City-St-Zip: DE FUNIAK SPGS, FL 32433

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: WILLIAM A. RAY

PD

03/08/2004

Electronic Signature of Signing Officer or Director

_____ Date