


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 17, 2008 8:00 am
Secretary of State**

05-29-2008 90198 047 ***150.00

DOCUMENT # P98000081170 1. Entity Name SOUTHEASTERN PENSION SERVICES, INC.	
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Principal Place of Business 1525 INTERNATIONAL PARKWAY SUITE 2071 LAKE MARY, FL 32746 US	Mailing Address 1525 INTERNATIONAL PARKWAY SUITE 2071 LAKE MARY, FL 32746
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66015376



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3539467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent -LAMORIELLO, NICHOLAS J 1525 INTERNATIONAL PARKWAY, SUITE 2071 LAKE MARY, FL 32746
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**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD NEUHAUS, LEONARD A 420 LEXINGTON AVE SUITE 2420 NEW YORK, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER John Schroepfer 485 Metro Place South Suite 275 Dublin, OH 43017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2008 **928-8828**
Date Daytime Phone #