

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90043 002 ***150.00

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1. Entity Name
SOUTHEASTERN PUBLISHERS, INC.



Principal Place of Business
**125 BAYSHORE DRIVE
PENSACOLA, FL 32507**

Mailing Address
**125 BAYSHORE DRIVE
PENSACOLA, FL 32507**

50004449

2. Principal Place of Business
1428 Lemhurst Drive
Suite, Apt. #, etc.

3. Mailing Address
1428 Lemhurst Drive
Suite, Apt. #, etc.



01192005 Chg-P CR2E034 (10/03)

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-3552978

Applied For
☐ Not Applicable

Zip
32507

Country
32507

Zip
32507

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOYLE, RODGER P
125 BAYSHORE DRIVE
PENSACOLA, FL 32507**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1428 Lemhurst Drive

City

FL

Zip Code

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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DOYLE, RODGER P**
STREET ADDRESS **125 BAYSHORE DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Doyle, Rodger P**
STREET ADDRESS **1428 Lemhurst Drive**
CITY-ST-ZIP **Pensacola, FL 32507**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05

Date

850-484-3606

Daytime Phone #