2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# P98000103007

Entity Name: SOUTHEAST INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

375 COMMERCE PKWY
STE 201
ROCKLEDGE, FL 32955

New Principal Place of Business:

317 RIVEREDGE BOULEVARD
COCOA, FL 32922

Current Mailing Address:

375 COMMERCE PKWY
STE 201
ROCKLEDGE, FL 32955

New Mailing Address:

317 RIVEREDGE BOULEVARD
COCOA, FL 32922

FEI Number: 59-3557105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, DONALD J
375 COMMERCE PKWY
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

LONG, DONALD J
317 RIVEREDGE BOULEVARD
COCOA, FL 32922 US

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: DONALD J LONG 07/01/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HABEN, MICHELLE H
Address: 2906 TYRON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS ( ) Delete
Name: LONG, DONALD J
Address: 375 COMMERCE PKWY
City-St-Zip: ROCKLEDGE, FL 32955

Title: DT (X) Delete
Name: FOLEY, PATRICK J
Address: 375 COMMERCE PKWY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: LONG, DONALD J
Address: 317 RIVEREDGE BOULEVARD
City-St-Zip: COCOA, FL 32922

Title: DT (X) Change ( ) Addition
Name: FOLEY, PATRICK J
Address: 317 RIVEREDGE BOULEVARD
City-St-Zip: COCOA, FL 32922

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

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: DONALD J LONG P 07/01/2004
Electronic Signature of Signing Officer or Director Date