

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P98000103007

1. Entity Name
SOUTHEAST INSURANCE ASSOCIATES, INC.



Principal Place of Business
**317 RIVEREDGE BLVD
STE 200
COCOA, FL 32922**

Mailing Address
**P.O. BOX 560697
ROCKLEDGE, FL 32956**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3557105

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000905103

05/01/08-80039-011 150.00

**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	PDS LONG, DONALD J 317 RIVEREDGE BOULEVARD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FOLEY, PATRICK J 317 RIVEREDGE BOULEVARD COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDDER, STEVAN G 317 RIVEREDGE BLVD STE 200 COCOA, FL 32922
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

2-5-2008

Date

Daytime Phone #