

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90007 002 \*\*\*550.00

DOCUMENT # P99000049961

1. Entity Name  
SOUTHEAST BUSINESS DEVELOPMENT, INC.



Principal Place of Business  
3507 LOWSON BOULEVARD  
DELRAY BEACH, FL 33445

Mailing Address  
3507 LOWSON BOULEVARD  
DELRAY BEACH, FL 33445

54070209



2. Principal Place of Business

515 Seabreeze Blvd.

3. Mailing Address

515 Seabreeze Blvd.

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

Suite 304

07022004

Chg-P

CR2E034 (10/03)

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

APPLIED FOR 65-0923821

Applied For

Not Applicable

Zip

33316

Country

Zip

33316

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNN, KENNETH J ESQ.  
11575 HERON BAY #309  
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name

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

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME YOUNG, DANIEL S III  
STREET ADDRESS 3507 LOWSON BOULEVARD  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE DV ☐ Delete  
NAME YOUNG, CHERYL A  
STREET ADDRESS 3507 LOWSON BOULEVARD  
CITY-ST-ZIP DELRAY BEACH, FL 33445

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Daniel Young

7/7/04 (954) 713-8114

Date

Daytime Phone #