2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 09, 2008 08:00 AN Secretary of State DOCUMENT # P99000059820 CURRENT VENTURES OF THE SOUTHEAST, INC. Principal Place of Business Mailing Address 1177 MAIN STREET PO BOX 1705 DUNEDIN, FL 34698 DUNEDIN, FL 34698 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3584774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEORGE, THOMAS E DO NOT WRITE 2682 CRYSTAL CIRCLE DUNEDIN, FL 34698 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, 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 --- Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE U00000776247 01/09/08-80016-021 150.00 NAME GEORGE, THOMAS E STREET ADDRESS 2682 CRYSTAL CIR. CITY-ST-7IP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

THEMPS IS. SIZNSI **SIGNATURE** ATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP-