


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90038 040 ***150.00

DOCUMENT # P99000066842	
1. Entity Name SOUTHEAST MANUFACTURING INC.	

Principal Place of Business 8802 CORPORATE SQUARE COURT SUITE 401 JACKSONVILLE FL 32216	Mailing Address 8802 CORPORATE SQUARE COURT SUITE 401 JACKSONVILLE FL 32216
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2. Principal Place of Business 601 N. Myrtle Ave. Suite, Apt. #, etc.	3. Mailing Address 601 N. Myrtle Ave Suite, Apt. #, etc.
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City & State Jacksonville FL	City & State Jacksonville FL
Zip 32204	Zip 32204
Country Duval	Country Duval



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent MONKRESS, GREGORY 2508 ST. JOHN BLVD. JACKSONVILLE BEACH FL 32250
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4. FEI Number 59-3589480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 *Gregory W. Monkress Co-owner* DATE *3-14-05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOP BUTTS, ROBERT 727 KASIMIR DRIVE JACKSONVILLE FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MONKRESS, GREGORY 2508 ST. JOHN BLVD. JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gregory W. Monkress* Gregory W. Monkress 3-14-05 904-721-6401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #