## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2008 08:00 A **DOCUMENT # P99000076443 Secretary of State** SOUTHEAST TOWER MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 1405 GREENVISTA LN 1405 GREENVISTA LN GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 03202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3607824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARRISH, ROBERT A JR DO NOT WRITE 1405 GREENVISTA LN GULF BREEZE, FL 32563 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 late if applicable. (NOTE: Registered Agent agreeture required when remetating) DATE \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees U000000867509 <del>04/08/03-80073-023</del>-<u>150.00</u> OFFICERS AND DIRECTORS 10. PST TITLE NAME PARRISH, ROBERT A JR 1405 GREENVISTA LN STREET ADDRESS CITY-ST-7IP **GULF BREEZE, FL 32563** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME. STREET ADDRESS COTY-ST-ZIP MLE

12. Thereby certify that the information supplied with this filling 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 chapter 607, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

3/24/08

850-932-0854