2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088395

FILED Apr 15, 2004 Secretary of State

Entity Name: KSM SOUTHEAST, INC. **Current Principal Place of Business: New Principal Place of Business:** 1840 TUCKER INDUSTRIAL RD. TUCKER, GA 30084 **Current Mailing Address: New Mailing Address:** 7307 SANDSCOVECOURT STE. 11 WINTER PARK, FL 32792 US FEI Number: 59-3603554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COPELAND, RICHARD W TOM KLEPPE & ASSOCIATES 7307 SANDSCOVE CT., STE. 11 631 PALM SPRINGS DR., STE. 115 ALTAMONTE SPRINGS, FL 32701 US WINTER PARK, FL 32792 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. SIGNATURE: DOUGLAS S. MCREYNOLDS 04/15/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SUTHERLAND, WILLIAM G JR. Name: Name: 7307 SANDSCOVE CT., STE. 11 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MORALES, JEFF Name: 8304 ALAMO RD. Address: Address: BRENTWOOD, TN 37027 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MCREYNOLDS, DOUGLAS S Name: Name: 4032 GILDER ROSE PLACE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition MORALES, ROBERT BRIGGS, ANDREW Name: Name: Address: 141 UNIVERSITY DRIVE Address: 805 BUTTERCUP TRACE City-St-Zip: City-St-Zip: ATHENS, GA 30605 ALPHARETTA, GA 30022 Title: () Delete Title: () Change () Addition JONES, ROBERT CLIFF Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

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SIGNATURE:	DOUGLAS S. MCREYNOLD	os	VP	04/15/2	2004

2666 CHANCELLOR WAY

DULUTH, GA 30136

Address: City-St-Zip: