


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 8:00 am
Secretary of State

01-19-2007 90033 018 ***150.00

DOCUMENT # S99583 1. Entity Name SOUTHEASTERN AMERICAN COMPANY	
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Principal Place of Business 4052 GILDER ROSE PL WINTER PARK, FL 32792 US	Mailing Address 4052 GILDER ROSE PL WINTER PARK, FL 32792 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

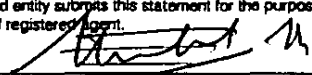
4. FEI Number 59-3097452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BAHL, GULSHAN
4052 GILDER ROSE PLACE
WINTER PARK, FL 32792**

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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:  DATE: **2/19/07**

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

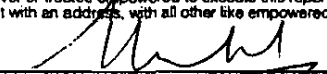
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHL, JERRI ELAINE 4052 GILDER ROSE PLACE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHL, GULSHAN 4052 GILDER ROSE PLACE WINTER PARK, FL 32792
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  DATE: **2/19/07** DAYTIME PHONE #: **407 673 0033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR