

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08365

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: SOUTHEASTERN FINANCE CORP.

## Current Principal Place of Business:

2901 N. PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 US

## New Principal Place of Business:

## Current Mailing Address:

2901 NORTH PONCE DE LEON BLVD.  
ST AUGUSTINE, FL 32084 US

## New Mailing Address:

FEI Number: 59-3108400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT G MCCLELLAN JR  
2901 N PONICE DELEON BLVD  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCCLELLAN, ROBERT G  
Address: 3213 TURTLE CREEK RD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ST ( ) Delete  
Name: MCCLELLAN, HARRIETTE T  
Address: 3213 TURTLE CREEK RD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Change (X) Addition  
Name: MCCLELLAN, TODD A  
Address: 117 HIAWATHA COURT  
City-St-Zip: PALATKA, FL 32131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ROBERT G. MCCLELLAN JR

PD

01/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date