

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08365

FILED  
Apr 21, 2010  
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 N. 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 (X)**

**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:**

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

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: ROBERT G MCCLELLAN JR

04/21/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: VPD  
Name: MCCLELLAN, TODD A  
Address: 107 TERRI DRIVE  
City-St-Zip: PALATKA, FL 32177

I hereby 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 all other like empowered.

SIGNATURE: ROBERT G MCCLELLAN JR

P

04/21/2010

Electronic Signature of Signing Officer or Director

Date