

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # V50935

1. Entity Name
SOUTHEAST PARAGON, INC.



Principal Place of Business

717 ALTALOMA AVE

#B

ORLANDO, FL 32803

Mailing Address

717 ALTALOMA AVE

#B

ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3133458

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EAKER, JAMES L
717 ALTALOMA AVE STE AVE
SUITE B
ORLANDO, FL 32803

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000033947
02/05/04-80064-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EAKER, JAMES L
717 ALTALOMA AVE STE B
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
EAKER, BRUCE
717 ALTALOMA AVE SUITE B
ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Bruce Eaker Bruce Eaker

2-2-04

Date

Daytime Phone #