


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000003299</b>	
1. Entity Name 4SE, INC.	

Principal Place of Business 7 RADCLIFFE STREET, SUITE 301 CHARLESTON, SC 29403	Mailing Address P.O. BOX 674 CHARLESTON, SC 29402
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**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0726998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BUSINESS FILINGS INTERNATIONAL, INC.  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301-2960

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IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, JOHN M JR P.O. BOX 674 CHARLESTON, SC 29402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, CRAIG M JR P.O. BOX 674 CHARLESTON, SC 29402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURBAGE, GEORGE G P.O. BOX 674 CHARLESTON, SC 29402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO USSERY, DEAN WILLIAM P.O. BOX 674 CHARLESTON, SC 29402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000769735  
07/20/07-80003-011 150.00

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IN THIS SPACE**

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: George G Burbage **George G Burbage** 7/9/07 843 722 1992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #