


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000003299

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**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0726998

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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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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 _____
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, 2008 Fee will be \$550.00**

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

DATE
 01/23/08-80056-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	MOORE, JOHN M JR
STREET ADDRESS	P.O. BOX 674
CITY-ST-ZIP	CHARLESTON, SC 29402
TITLE	T
NAME	BENNETT, CRAIG M JR
STREET ADDRESS	P.O. BOX 674
CITY-ST-ZIP	CHARLESTON, SC 29402
TITLE	P
NAME	BURBAGE, GEORGE G
STREET ADDRESS	P.O. BOX 674
CITY-ST-ZIP	CHARLESTON, SC 29402
TITLE	CEO
NAME	USSERY, DEAN WILLIAM
STREET ADDRESS	P.O. BOX 674
CITY-ST-ZIP	CHARLESTON, SC 29402
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: *Dean William USSery* 1/16/08 843 722 1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #