2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 08, 2006 8:00 am **DOCUMENT # 764106** Secretary of State 1. Entity Name 08-08-2006 90003 041 ****70.00 SEM-I-NO HOLDING CORPORATION, INC. Principal Place of Business Mailing Address 7214 EAST OAKRIDGE CIRCLE 7214 EAST OAKRIDGE CIRCLE SUITE 23D LANTANA FL 33416 - 33462 LANTANA FL 33416 - 334/22-5348 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State City & State 4. FEI Number Applied For 23-7535625 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKMANN, WESLEY E Street Address (P.O. Box Number is Not Acceptable) 7214 E OAKRIDGE CIR LAKE WORTH FL 33462 Zip Code 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 ۸,۰ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition DICKMANN, WESLEY NAME NAME 7214 E OAKRIDGE CIR STREET ADDRESS STREET ADDRESS LANTANA FL 33462-5348 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chaone ☐ Addition SHEPARD, RICHARD NAME 2349 SE LONGHORN AVE STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CCTY-ST-ZIP CITY-ST-ZIP Delete THIE 71TLE Change Addition TASHMAN, LENARD NAME NAME 3339 JOG PARK DR STREET ADDRESS STREET ADDRESS CITY+S1-ZIP **GREENACRES FL 33467** CITY-ST-ZIP TITLE ☐ Delete ☐ Chance Addition TITLE KING, HARVEY NAME NAME 302 NE 7TH AVE STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change Addition WEINKRANTZ, STEVEN NAME NAME 2168 SE DOLPHIA RD STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-ST-ZIP City-St-Zie TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 617, 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: WES/EN

FILED