2007 FOR PROFIT—€ORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCL	JMENT	# P04	ነበበበበ	77428
	J1711	77 I U-	70000	,,,,,,

1. Entity Name SESOM, INC.



Principal Place of Business

4905 - 34TH ST S - STE 6500 ST PETERSBURG, FL 33711 Mailing Address

4905 - 34TH ST S - STE 6500 ST PETERSBURG, FL 33711



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P	CR2E034 (11/05)
4. FEI Number 61-1471223	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RECHNITZ, PAULA S 4830 OSPREY DR S # 301F ST PETERSBURG, FL 33711

DO NOT WRITE 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 argnature required when reinstating) DATE								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
NAME STREET ADDRESS CITY-ST-ZIP	D RECHNITZ, PAULA S 4905 - 34TH ST S - STE 6500 ST PETERSBURG, FL 33711				1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					.000000577170 01/08/07-80005-022 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-S1-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby certify that the information supplied with this fuling 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 piller like empowered.								