


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR 30 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|--|--|---|--|--|
| DOCUMENT # P06000032036 | | | |  | |
| 1. Entity Name MORSE-SEMBLER VILLAGES #5, INC. | | | | | |
| Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | | | Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-4543005 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HUDSON, BRIAN D 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SEMBLER, BRENT 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SEMBLER, GREGORY S. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MORSE, MARK G 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200127529432 04/30/08--01057--018 **158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Gregory S. Sembler</u> | | | PRINCIPAL OFFICER OR DIRECTOR | | Date: <u>4/23/08</u> Daytime Phone #: <u>727-384-6000</u> |
| <u>GREGORY S. SEMBLER</u> | | | | | |



02282008 Chg-P CR2E034 (12/06)