


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P06000032036 1. Entity Name MORSE-SEMBLER VILLAGES #5, INC.	
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Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02282008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4543005	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUDSON, BRIAN D 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD SEMPLER, BRENT <input type="checkbox"/> Delete	TITLE	PD SEMPLER, GREGORY S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5858 CENTRAL AVENUE	NAME	5858 CENTRAL AVENUE
STREET ADDRESS	ST. PETERSBURG, FL 33707	STREET ADDRESS	ST. PETERSBURG, FL 33707
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD MORSE, MARK G <input type="checkbox"/> Delete	TITLE	
NAME	1020 LAKE SUMTER LANDING	NAME	
STREET ADDRESS	THE VILLAGES, FL 32162	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD SHER, CRAIG H <input checked="" type="checkbox"/> Delete	TITLE	
NAME	5858 CENTRAL AVENUE	NAME	
STREET ADDRESS	ST. PETERSBURG, FL 33707	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Gregory S. Sempler PRESIDENT Date: 4/23/08 Daytime Phone #: 727-384-6000

GREGORY S. SEMPLER