

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054269

FILED
Apr 18, 2009
Secretary of State

Entity Name: SEKEIKIS INVESTMENTS, INC.

Current Principal Place of Business:

16119 COUNTRY CROSSING DRIVE
TAMPA, FL 33624

New Principal Place of Business:

13909 WOLCOTT DRIVE
TAMPA, FL 33624

Current Mailing Address:

16119 COUNTRY CROSSING DRIVE
TAMPA, FL 33624

New Mailing Address:

13909 WOLCOTT DRIVE
TAMPA, FL 33624

FEI Number: 59-3291575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEREIKIS, RONALD A
16119 COUNTRY CROSSING DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SEREIKIS, RONALD A
13909 WOLCOTT DRIVE
TAMPA, FL 33624 US

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.

SIGNATURE:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEREIKIS, RONALD A
Address: 16119 COUNTRY CROSSING DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: SEREIKIS, MARTIN A
Address: 13907 WOLCOTT
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: SEREIKIS, MARIA
Address: 13907 WOLCOTT
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: SEREIKIS, LORI L
Address: 16119 COUNTRY CROSSING
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEREIKIS, RONALD A
Address: 13909 WOLCOTT DRIVE
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEREIKIS, LORI L
Address: 13909 WOLCOTT DRIVE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD SEREIKIS

D

04/18/2009

Electronic Signature of Signing Officer or Director

Date