

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042942

Entity Name: SEMPER WOODS, P.A.

FILED  
Apr 27, 2004  
Secretary of State

**Current Principal Place of Business:**

425 W COLONIAL DR., STE 204  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

425 W COLONIAL DR., STE 204  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 59-3508777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODS, JONATHAN D  
425 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: WOODS, JONATHAN D  
Address: 425 W COLONIAL DR., STE 204  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONATHAN D. WOODS

PST

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date