2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000049569

FILED Jan 23, 2004 8:00 am Secretary of State

01-23-2004 90027 007 ***158.75

1. Entity Nam THE SEM	IINAR GROUP, INC.	r film remonstrum militarismina			* *	01-23-2002	1 90027 00)/ ***136	.73
Principal Place of Business Mailing Address 340 CENTER CT 340 CENTER CT VENICE, FL 34292 VENICE, FL 34292					*** \	4000	344:		
2 Principal P	lace of Business	3. Mailing Address							
Z. Fillicipal Fi	iace or business	5. Walling Address							HILL HILL
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State	City & State		4. FEI Numb 65-084				plied For t Applicable
Zip	Country	Zip	Country		-5.~Certificate	of Status Desired	M	\$8.75 Add Fee Require	itional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered /	Agent ·	
MURPHY,	DENNIS		Name						
340 CENT VENICE, F	ER CT		Street Ac	ddress (P	.O. Box Numb	er is Not Acceptal	ble)		
VENIOE, I	L 0-200								
<u> </u>	•		City				FL	Zip Code	85 *
	named entity submits this statement for	or the purpose of changing its re-	gistered office or	registere	d agent, or bo	th, in the State of	Florida, I am	familiar with,	and accept
ine obligat	tions of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signatu	ure required v	vhen reinstating)		DATE		
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FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.				00 May Be d to Fees				-
After Ma	ay 1, 2004 Fee will be \$550.	00 Trust Fund Contrib	ution.		d to Fees	/CHANGES TO O	FFICERS AND	DIRECTOR:	5 IN 11
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550. OFFICERS AND	00 Trust Fund Contrib			d to Fees	/CHANGES TO O	FFICERS AND	DIRECTOR:	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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OF SIGNING OFFICER OR DIRECTOR

1-21-04

Date

941-492-1

Daytime Phone #