


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 023 ***150.00

DOCUMENT # 326216 1. Entity Name SEMBLER AND SEMBLER, INC.	
---	---

Principal Place of Business INDIAN RIVER DRIVE PO BOX 278 SEBASTIAN, FL 32958	Mailing Address INDIAN RIVER DRIVE 6945 49th Street PO BOX 278 Vero Beach, FL SEBASTIAN, FL 32958 32967
--	--



DO NOT WRITE IN THIS SPACE

02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1205672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEMBLER, CHARLES DAY INDIAN RIVER DRIVE SEBASTIAN, FL 32958
--

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SEMBLER, CHARLES DAY 638 LAYPORT DRIVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEMBLER, CHARLES W. 6945 49TH STREET VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #