## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 466555** 

Name:

Address:

City-St-Zip:

SEASE, WALLACE C.

3450 DR MLK JR BLVD

RIVERIA BCH, FL 33404

Entity Name: SEMBCO, INC.

FILED Feb 03, 2009 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	MARTIN LUTH BEACH, FL 33	ER KING BLVD 404 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3450 DR. MARTIN L. KING BLVD RIVERA BEACH, FL 33404 US				3450 DR MARTIN LUTHER KING BLVD RIVIERA BEACH, FL 33404 US	
FEI Number	: 59-1565200	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
RIVIERA E	BCH, FL 3340 named entity e of Florida.		e purpose of changing its register	ed office or registered agent, or both,	
	Electron	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST ( SAMPERI, CHF 3450 DR MLK RIVIERA BCH,	JR. BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( STRACK, KARI 3450 DR MLK RIVIERA BEAC	JR BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	Р (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTIE A SAMPERI ST 02/03/2009