

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90010 003 ****61.25



DOCUMENT # 764106
1. Entity Name
SEM-I-NO HOLDING CORPORATION, INC.

Principal Place of Business Mailing Address
**7214 EAST OAKRIDGE CIRCLE
SUITE 239D
LAKE WORTH FL 33462
US** **7214 EAST OAKRIDGE CIRCLE
SUITE 239D
LAKE WORTH FL 33462
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2000 NORTH D STREET **3339 JOG PARK DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
LAKE WORTH

1st MOORE CR2E037 (10/06)

City & State City & State
FLORIDA **GREENACRES**

4. FEI Number Applied For
23-7535625 Not Applicable

Zip Country Zip Country
33460 **U.S.** **33467-2076** **U.S.**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DICKMANN, WESLEY E
7214 E OAKRIDGE CIR
LAKE WORTH FL 33462**

7. Name and Address of New Registered Agent
Name **LEONARD TASHMAN**
Street Address (P.O. Box Number is Not Acceptable)
3339 JOG PARK DRIVE
City **GREENACRES** FL Zip Code **33467-2076**

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: *Leonard Tashman* **LEONARD TASHMAN, DIRECTOR** *January 22, 2007*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DICKMANN, WESLEY 7214 E OAKRIDGE CIR LANTANA FL 33462-5348 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHEPARD, RICHARD 2349 SE LONGHORN AVE PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TASHMAN, LENARD 3339 JOG PARK DR GREENACRES FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KING, HARVEY 302 NE 7TH AVE DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEINKRANTZ, STEVEN 2168 SE DOLPHIA RD PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR TASHMAN, LEONARD 3339 JOG PARK DRIVE GREENACRES, FLA 33467-2076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE DICKMANN, WESLEY 7214 EAST OAKRIDGE CIRCLE LANTANA FL 33462-5348 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE EVANS, AQUINAS 230 BEDFORD I. CENTURY VILLAGE WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUSTEE WEINKRANTZ, STEVEN 2168 N.W. WAVERLY CIRCLE PORT SAINT LUCIE, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Leonard Tashman* **LEONARD TASHMAN** *January 22, 2007* 561-964-5686
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #