

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F66193 1. Entity Name SEDA CONSTRUCTION COMPANY	
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Principal Place of Business % JOHN A SEMANIK 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216-1986	Mailing Address % JOHN A SEMANIK 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216-1986
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04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2255942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD. #3 & #4 JACKSONVILLE, FL 32216

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**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
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U00000934684
05/23/08-80042-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEMANIK, JOHN A 2120 CORPORATE SQ BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEMANIK, LINDA 2120 CORPORATE SQ BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARPENTER, KATHERINE 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUTE, ALINE 2120 CORPORATE SQUARE BLVD., STE #3 JACKSONVILLE, FL 322161986
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: <i>Katherine Carpenter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4/29/08</i> <small>Date</small>	<i>(904) 724-7800</i> <small>Daytime Phone</small>
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