## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F66193

Name:

Address:

City-St-Zip:

**Entity Name: SEDA CONSTRUCTION COMPANY** 

**FILED** Apr 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % JOHN A SEMANIK 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 322161986 **New Mailing Address: Current Mailing Address:** % JOHN A SEMANIK 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 322161986 FEI Number: 59-2255942 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD. #3 & #4 JACKSONVILLE, FL 32216 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition SEMANIK, JOHN A Name: Name: 2120 CORPORATE SQ BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: VΡ () Delete Title: () Change () Addition SEMANIK, LINDA Name: Name: 2120 CORPORATE SQ BLVD Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip: Title: Title: VD ( ) Delete () Change () Addition CARPENTER, KATHERINE Name: Name: 2120 CORPORATE SQUARE BLVD. SUITE #3 Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition GUITE, ALINE

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: JOHN A. SEMANIK PD 04/10/2009

2120 CORPORATE SQUARE BLVD., STE #3

JACKSONVILLE, FL 322161986