2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # N0100000117 1. Entity Name ANDREW J. SEMESCO FOUNDATION, INC.					1-27-2006 !	90040 020 ****(51.25	
Principal Place of Business 1524 NW 22 ST GAINESVILLE, FL 32605		Mailing Address POST OFFICE BOX 14173 GAINESVILLE, FL 32604			40006807			
	lace of Business SE 38th Terr #, etc.	3. Mailing Address Pos+ Office Suite, Apt. #, etc.	Box 557	0440000	hg-NP	CR2E037 (11/05		
City & State		City & State	 L	4. FEI Number 59-36678	-) 	Applied For Not Applicable	
Zin 344	71 Country A	Zip 34478	Country USA	5. Certificate of S	tatus Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current I	Registered Agent		7. Name and Ad	dress of New R	Registered Agent		
FLEIGEL	JEFEREY D III		Name	Name Ryan Anderson				
FLEIGEL, JEFFREY D III 4700 SW ARCHER RD R123			Street Ac	Street Address (P.O. Box Number is Not Acceptable) 36.75 SE 38+4 Terr				
GAINESVI	LLE, FL 32608							
				Ocala		FL Zip Co	<u> 1471 </u>	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registered agent, or both, ii	n the State of He	onda. 1 am tamiliar wit	n, and accept	
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SIGNATURE .	14.				/- 2	5-06		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)		DATE		
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		DATE lake check payable rida Department of		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing entribution.	\$5.00 May Be Added to Fees	Flor	lake check payable rida Department of	State	
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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 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE OF DIRECTOR

Russell Lindsay 1/11/06 3523691120 Daytime Phone #