


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000004788</b> 1. Entity Name <b>SEMINOLE HEIGHTS BUSINESS ALLIANCE, INC.</b>	
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Principal Place of Business <b>6100 NEBRASKA AVE TAMPA, FL 33604</b>	Mailing Address <b>6100 NEBRASKA AVE TAMPA, FL 33604</b>
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05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>31-1667093</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CRAFT, JEFFERSON W  
6100 NEBRASKA AVE  
TAMPA, FL 33604**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CRAFT, JEFFERSON W 6100 NEBRASKA AVE N TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, PHILIP 5601 N FLORIDA AVE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANES, CHRYS 6308 N FLORIDA AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000361735  
05/05/05-80089-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/05 (813) 239-1173**  
Date Daytime Phone #