


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004788	
1. Entity Name SEMINOLE HEIGHTS BUSINESS ALLIANCE, INC.	

Principal Place of Business 6100 NEBRASKA AVE TAMPA, FL 33604	Mailing Address 6100 NEBRASKA AVE TAMPA, FL 33604
---	---

DO NOT WRITE IN THIS SPACE

FILED
Aug 18, 2008 08:00 AM
Secretary of State



07152008 No Chg-NP CR2E037 (4/06)

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

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 08/18/08-80007-004 61.25
Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

ORIGINAL

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 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: 	Date: 8/13/08	Daytime Phone #: (813) 239-1173
--	---------------	---------------------------------