

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060223

Entity Name: SEMI'S OF WEST FLORIDA, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

3191 WEST NINE MILE ROAD
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

3191 WEST NINE MILE ROAD
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-3653405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVALLEE, PAUL
3191 WEST NINE MILE ROAD
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: LAVALLEE, PAUL
Address: 751 HOLSBERRY PLACE
City-St-Zip: PENSACOLA, FL 32534

Title: VP () Delete
Name: HEDGES, G. GREG
Address: 14425 INNERARITY PT ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: LAVALLEE, ROBERT W
Address: 2491 RYALE ROAD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LAVALLEE, PAUL R
Address: 751 HOLSBERRY PLACE
City-St-Zip: PENSACOLA, FL 32534

Title: VP (X) Change () Addition
Name: HEDGES, GEORGE G
Address: 14425 INNERARITY PT ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: T (X) Change () Addition
Name: LAVALLEE, ROBERT W
Address: 2491 RYALE ROAD
City-St-Zip: CANTONMENT, FL 32533

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.

SIGNATURE: PAUL LAVALLEE

PSD

04/29/2008

Electronic Signature of Signing Officer or Director

Date