

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029473

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SEMINOLE HOUSING PARTNERS, INC.

## Current Principal Place of Business:

C/O HARRIS CRAMER LLP  
1555 PALM BEACH LAKES BLVD STE 310  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

C/O HARRIS CRAMER LLP  
1555 PALM BEACH LAKES BLVD STE 310  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

C/O REED CONTRACTORS  
217 N WESTMONTE DR STE 2013  
ALTAMONTE SPRINGS, FL 327143338 US

## New Mailing Address:

C/O REED CONTRACTORS  
217 N WESTMONTE DR STE 2013  
ALTAMONTE SPRINGS, FL 327143338 US

FEI Number: 85-0562251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS CRAMER LLP  
1555 PALM BEACH LAKES BLVD STE 310  
WEST PALM BEACH, FL 33401 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: PD ( ) Delete  
Name: LUCCHESI, FABRIZIO  
Address: 105 WEST BEAVER CREEK #9 & 10  
City-St-Zip: ONTARIO CANADA L4B 1C6,

Title: STD ( ) Delete  
Name: MYERS, WILLIAM P  
Address: 105 WEST BEAVER CREEK #9 & 10  
City-St-Zip: ONTARIO CANADA L4B 1C6,

Title: VD ( ) Delete  
Name: REED, DAVID  
Address: 217 WESTMONTE DR., STE. 2013  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID A REED

VD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date