

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90038 047 \*\*\*150.00

<b>DOCUMENT # P01000029473</b> 1. Entity Name <b>SEMINOLE HOUSING PARTNERS, INC.</b>			
Principal Place of Business <b>C/O REED CONTRACTORS</b> <b>217 N WESTMONTE DR STE 2013</b> <b>ALTAMONTE SPRINGS, FL 32714-3338 US</b>		Mailing Address <b>C/O REED CONTRACTORS</b> <b>217 N WESTMONTE DR STE 2013</b> <b>ALTAMONTE SPRINGS, FL 32714-3338 US</b>	
2. Principal Place of Business - No P.O. Box # <b>C/O JAYMOR GROUP</b> Suite, Apt. #, etc. <b>105 W. BEAVER CREEK #910</b> City & State <b>RICHMOND HILLS, ONTARIO</b> Zip <b>L4B 1C6</b> Country <b>CANADA</b>		3. Mailing Address <b>C/O JAYMOR GROUP</b> Suite, Apt. #, etc. <b>105 W. BEAVER CREEK #910</b> City & State <b>RICHMOND HILLS, ONTARIO</b> Zip <b>L4B 1C6</b> Country <b>CANADA</b>	
6. Name and Address of Current Registered Agent <b>HARRIS GRAMER LLP</b> <b>1655 PALM BEACH LAKES BLVD STE 310</b> <b>WEST PALM BEACH, FL 33404</b>		7. Name and Address of New Registered Agent Name <b>N. DWAYNE GRAY, JR. ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>GREENSPON MARDER P.A</b> <b>201 E. PINE STREET #500</b> City <b>ORLANDO</b> FL Zip Code <b>32801</b>	
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>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK #9 & 10 ONTARIO CANADA L4B 1C6, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MYERS, WILLIAM P 105 WEST BEAVER CREEK #9 & 10 ONTARIO CANADA L4B 1C6, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, DAVID 217 WESTMONTE DR., STE. 2013 ALTAMONTE SPRINGS, FL 32714, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT Date: <b>3/10/08</b> Daytime Phone #: <b>407-425-6559</b>	

40043111



02252008 Chg-P CR2E034 (12/06)

4. FEI Number  
85-0562251  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
N. DWAYNE GRAY, JR. ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
GREENSPON MARDER P.A  
201 E. PINE STREET #500  
City  
ORLANDO FL Zip Code  
32801

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PRESIDENT  
 Date: 3/10/08 Daytime Phone #: 407-425-6559