

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000085438

1. Entity Name  
STP REDEVELOPMENT II, INC.



FILED

08 APR 30 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02282008 Chg-P CR2E034 (12/06)

4. FEI Number  
14-1846904

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHER, CRAIG H  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

*[Signature]*

## 7. Name and Address of New Registered Agent

Name SEMBLER, GREGORY S.  
Street Address (P.O. Box Number is Not Acceptable)  
5858 CENTRAL AVENUE  
City ST. PETERSBURG FL Zip Code 33707

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]* SECRETARY 4-23-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BULLARD, FRED B JR.	
STREET ADDRESS	2325 ULMERTON ROAD #20	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCNEEL, CLAYTON W	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHER, CRAIG H	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SEMBLER, GREGORY S	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* SECRETARY 4-23-08 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GREGORY S. SEMBLER