

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 PM 3:26

DOCUMENT # P02000092405

1. Entity Name
SEMBLER/TREASURE RETAIL, INC.



Principal Place of Business
5858 CENTRAL AVE
ST PETERSBURG, FL 33707

Mailing Address
PO BOX 41847
SAINT PETERSBURG, FL 33743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg, FL

Zip

Country

Zip

Country

33743-1847

03052004

Chg-P

CR2E034 (10/03)

4. FEI Number
27-0029661

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

SHER, CRAIG H
5858 CENTRAL AVE
ST PETERSBURG, FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2004 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 DT ☐ Delete
NAME SEMBLER, GREGORY S
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE DVT ☒ Change ☐ Addition
NAME
STREET ADDRESS 800031765698
CITY-ST-ZIP 04/05/04--01010--002 **158.75

TITLE D ☐ Delete
NAME SEMBLER, BRENT W
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE DVS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME SHER, CRAIG H
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME FUQUA, JEFFREY S
STREET ADDRESS 1450 S JOHNSON FERRY RD SUITE 100
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME MURPHY, DAVID E
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE DV ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME BISELI, RICHARD
STREET ADDRESS 550 N REO ST SUITE 300
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gregory S Sembler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

727-384-6000

Daytime Phone #

Gregory S Sembler