




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 ST.PETERSBURG, FL 33743-1847	<div style="text-align: center;">FILED 05 APR 29 PM 5:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  04092005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 27-0029661		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		
SHER, CRAIG H 5858 CENTRAL AVE ST PETERSBURG, FL 33707		DO NOT WRITE IN THIS SPACE
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) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SEMBLER, GREGORY S 5858 CENTRAL AVE ST PETERSBURG, FL 33707	<div>200054752212 05/19/05--01004--013 **158.75</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SEMBLER, BRENT W 5858 CENTRAL AVE ST PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHER, CRAIG H 5858 CENTRAL AVE ST PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FUQUA, JEFFREY S 1450 S JOHNSON FERRY RD SUITE 100 ATLANTA, GA 30319	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURPHY, DAVID E 5858 CENTRAL AVE ST PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BISELI, RICHARD 550 N REO ST SUITE 300 TAMPA, FL 33609	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/19/05 Daytime Phone # 727-384-6000

CRAIG SHER, PRESIDENT