2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P03000126985

Entity Name: SEMMES INCORPORATED

Current Principal Place of Business:

600 SOUTH BARRACKS STREET, SUITE 210-3
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

600 SOUTH BARRACKS STREET, SUITE 210-3
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 20-0596540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCHARD, R. LANE
8285 NAVARRE PARKWAY
NAVARRE, FL 32566 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:	D	( ) Delete
Name:	SEMMES, OLIVER JOHN III	
Address:	8127 POMPANO STREET	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	SEMMES, JULIANNE POTH	
Address:	8127 POMPANO STREET	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	SEMMES, OLIVER JOHN IV	
Address:	207 JAMES RIVER DRIVE	
City-St-Zip:	MADISON, AL 35758	
Title:	D	( ) Delete
Name:	SEMMES REID, MARY KATE	
Address:	16 WOODCREST ROAD	
City-St-Zip:	WESTBOROUGH, MA 30073	
Title:	D	( ) Delete
Name:	SEMMES, PAUL RAPHAEL	
Address:	7545 NORTH SHORE DRIVE	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	SEMMES, RICHARD G	
Address:	106 JULIA CIRCLE	
City-St-Zip:	DAVIDSON, NC 28036	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SEMMES, OLIVER JOHN IV	
Address:	207 JAMES RIVER DRIVE	
City-St-Zip:	NEWPORT NEWS, VA 23601	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SEMMES, PAUL RAPHAEL	
Address:	7540 NORTH SHORES DRIVE	
City-St-Zip:	NAVARRE, FL 32566	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL R. SEMMES D 04/26/2004

Electronic Signature of Signing Officer or Director — Date