2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000126985

1. Entity Name
SEMMES INCORPORATED

Principal Place of Business	Mailing Address
7552 NAVARRE PARKWAY UNIT 7 NAVARRE, FL 32566	7552 NAVARRE PARKWAY UNIT 7 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

01132007 - No Chg-P - CR2E034 (11/05)

4. FEI Number
20-0596540

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LYNCHARD, R. LANE
8285 NAVARRE PARKWAY
NAVARRE, FL 32566

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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: Oliver J Semmes III 5/8/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEMMES, OLIVER JOHN III
STREET ADDRESS	8127 POMPANO STREET
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	SEMMES, JULIANNE POTH
STREET ADDRESS	8127 POMPANO STREET
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	SEMMES, OLIVER JOHN IV
STREET ADDRESS	207 JAMES RIVER DRIVE
CITY-ST-ZIP	NEWPORT NEWS, VA 23601
TITLE	D
NAME	SEMMES REID, MARY KATE
STREET ADDRESS	16 WOODCREST ROAD
CITY-ST-ZIP	WESTBOROUGH, MA 30073
TITLE	D
NAME	SEMMES, PAUL RAPHAEL
STREET ADDRESS	7540 NORTH SHORES DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	SEMMES, RICHARD G
STREET ADDRESS	106 JULIA CIRCLE
CITY-ST-ZIP	DAVIDSON, NC 28036

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05/25/07-80082-003 150.00

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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: 5/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #