

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000012715**

1. Entity Name  
**ANNA SEMONE INVESTMENT, INC.**



Principal Place of Business  
**2612 W GRAND RESERVE CIRCLE  
227  
CLEARWATER, FL 33759 US**

Mailing Address  
**2612 W GRAND RESERVE CIRCLE  
227  
CLEARWATER, FL 33759 US**



02262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2211340**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MASHRAGI, NANCY  
2612 W GRAND RESERVE CIRCLE  
227  
CLEARWATER, FL 33759**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) 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**

**U00000657271  
03/14/07-80061-022 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MASHRAGI, WALSLI 2612 W GRAND RESERVE CIRCLE # 227 CLEARWATER, FL 33759</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MASHRAGI, NANCY 2612 W GRAND RESERVE CIRCLE # 227 CLEARWATER, FL 33759</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/07**  
Date Daytime Phone #