

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000031019 1. Entity Name SEMBLER RETAIL II, INC.						FILED 08 APR 30 AM 8:25 SECRETARIAT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707				Mailing Address 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-2425828				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name SEMBLER, GREGORY S. Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVENUE City ST. PETERSBURG FL Zip Code 33707			
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 <u><i>Gregory S. Sembler</i></u> PRESIDENT 4-24-08 <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, 2008 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC <input type="checkbox"/> Delete SEMBLER, MELVIN F 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MURPHY, DAVID E 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete SHER, CRAIG H 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHER, CRAIG H. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input type="checkbox"/> Delete SEMBLER, BRENT W 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS <input type="checkbox"/> Delete SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEMBLER, GREGORY S. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input type="checkbox"/> Delete FUQUA, JEFFREY S 1450 SOUTH JOHNSON FERRY RD NE SUITE 100 ATLANTA, GA 30319			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100127532981 04/30/08--01057--028 **158.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete WHEELER, RONALD P 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Ronald P. Wheeler</i></u> RONALD P. WHEELER 4-24-08 727-384-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							