

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR 30 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000031019					
1. Entity Name SEMBLER RETAIL II, INC.					
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		4. FEI Number 20-2425828	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHER, CRAIG H 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707 <div style="text-align: right; font-size: 2em; font-family: cursive;">MK</div>			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 <i>Gregory S. Sembler</i>			TITLED PRESIDENT		DATE 4-24-08
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 SEMBLER, MELVIN F 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, DAVID E 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHER, CRAIG H 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS SHER, CRAIG H. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SEMBLER, BRENT W 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEMBLER, GREGORY S. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FUQUA, JEFFREY S 1450 SOUTH JOHNSON FERRY RD NE SUITE 100 ATLANTA, GA 30319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100127532981 04/30/08--01057--028 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, RONALD P 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Ronald P. Wheeler</i>			NAME RONALD P. WHEELER		DATE 4-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE # 727-384-6000

