
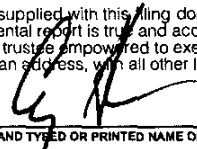


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 27 PM 3:37

<b>DOCUMENT # P05000099045</b> 1. Entity Name <b>SEMBLER PARTNERS, INC.</b>					
Principal Place of Business <b>5858 CENTRAL AVENUE ST PETERSBURG, FL 33707</b>			Mailing Address <b>5858 CENTRAL AVENUE ST PETERSBURG, FL 33707</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3639126</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPCO, INC. 2699 S BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SEMBLER, MELVIN F</b>	NAME			
STREET ADDRESS	<b>5858 CENTRAL AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33707</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SEMBLER, GREGORY S</b>	NAME			
STREET ADDRESS	<b>5858 CENTRAL AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33707</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SEMBLER, BRENT W</b>	NAME			
STREET ADDRESS	<b>5858 CENTRAL AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33707</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SHER, CRAIG H</b>	NAME			
STREET ADDRESS	<b>5858 CENTRAL AVENUE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33707</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FUQUA, JEFFREY</b>	NAME			
STREET ADDRESS	<b>1450 S JOHNSON FERRY RD SUITE 100</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA, GA 30319</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Craig Sher</b>		Date <b>4-10-06</b> Daytime Phone # <b>727-384-6000</b>	



04052006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3639126** Applied For ☐ Not Applicable ☐

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

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