

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 004 ***150.00

DOCUMENT # P05000139453

1. Entity Name

SEMORAN FINANCIAL CORPORATION



Principal Place of Business

237 FERNWOOD BLVD
SUITE 109
FERN PARK FL 32730
US

Mailing Address

P.O. BOX 180007
CASSELBERRY FL 32718
US



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

20-3622467

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WEBER, LLOYD J~~
237 FERNWOOD BLVD
SUITE 109
FERN PARK FL 32730

Name G. RODNEY LUETH
Street Address (P.O. Box Number is Not Acceptable)
237 FERNWOOD BLVD.
SUITE 109
City FERN PARK FL Zip Code 32730

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

[Signature]

G. RODNEY LUETH
CEO & DIRECTOR

April 2, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	WEBER, LLOYD J	
STREET ADDRESS	1921 BENT OAK DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	P	<input type="checkbox"/> Delete
NAME	MACDIARMID, MALCOLM	
STREET ADDRESS	1723 GULF SIDE DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BUGEA, DONALD	
STREET ADDRESS	186 MAITLAND AVE APT E	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. RODNEY LUETH	
STREET ADDRESS	237 FERNWOOD BLVD #109	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM M. HUFFORD	
STREET ADDRESS	527 QUEENS MIRROR CIRCLE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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]

MALCOLM S. MACDIARMID
PRESIDENT & DIRECTOR

Date

Daytime Phone #

APR 2, 2008 (407) 401-8295