

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90181 032 ***150.00

DOCUMENT # P06000052875

1. Entity Name

SEMPACK SERVICES OF MELBOURNE, INC.



Principal Place of Business

27 WATERBRIDGE PLACE
PONTE VERDA BEACH FL 32082

Mailing Address

27 WATERBRIDGE PLACE
PONTE VERDA BEACH FL 32082



2. Principal Place of Business - No P.O. Box #

5150 PALM VALLEY RD

3. Mailing Address

27 WATERBRIDGE PLACE

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

PONTE VERDA BCH FL

City & State

PONTE VERDA BCH FL

4. FEI Number

223929338

Applied For

☒ Not Applicable

Zip

32082

Country

ST JOHN

Zip

32082

Country

ST JOHN

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 DP
NAME WATSON, JANET
STREET ADDRESS 27 WATERBRIDGE PLACE
CITY-STATE-ZIP PONTE VERDA BEACH FL 32082 ☐ Delete

TITLE DVP
NAME BLOYD, MARY
STREET ADDRESS 27 WATERBRIDGE PLACE
CITY-STATE-ZIP PONTE VERDA BEACH FL 32082 ☐ Delete

TITLE DS
NAME WATSON, BRIAN
STREET ADDRESS 27 WATERBRIDGE PLACE
CITY-STATE-ZIP PONTE VERDA BEACH FL 32082 ☐ Delete

TITLE DT
NAME WATSON, TED C
STREET ADDRESS 27 WATERBRIDGE PLACE
CITY-STATE-ZIP PONTE VERDA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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:

JANET WATSON

04/16/2007

904-733-3755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #