


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062297 1. Entity Name THE SEMBLER COMPANY OF VIRGINIA, INC.	
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FILED
07 APR 27 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707-1728	Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707-1728
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04232007 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 30-4890917	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 33707-1728
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	400101226594 05/02/07--01044--023 **158.75
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10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SEMBLER, MELVIN F STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 337071728	<input type="checkbox"/> Delete
TITLE: D NAME: SEMBLER, BRENT E STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 337071728	<input type="checkbox"/> Delete
TITLE: D NAME: SEMBLER, GREGORY S STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 337071728	<input type="checkbox"/> Delete
TITLE: D NAME: SHER, CRAIG H STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 337071728	<input type="checkbox"/> Delete
TITLE: D NAME: FUQUA, JEFFREY S STREET ADDRESS: 1450 SOUTH JOHNSON FERRY RD NE SUITE 100 CITY-ST-ZIP: ATLANTA, GA 30319	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DC NAME: SEMBLER, MELVIN F. STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVS NAME: SEMBLER, BRENT W. STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVTS NAME: SEMBLER, GREGORY S. STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: SHER, CRAIG H. STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: FUQUA, JEFFREY S. STREET ADDRESS: 1450 S. JOHNSON FERRY RD. N.E. SUITE 100 CITY-ST-ZIP: ATLANTA, GA 30319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: WHEELER, RONALD P. STREET ADDRESS: 5858 CENTRAL AVENUE CITY-ST-ZIP: ST. PETERSBURG, FL 33707	<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4-26-07	Daytime Phone #: 727-384-6000
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**ATTACHMENT TO 2007 UBR / ANNUAL REPORT FOR
THE SEMBLER COMPANY OF VIRGINIA INC. – 20-4890917
DOC. #P06000062297**

Block #11:

Addition:	Title	S
	Name	Warfield, Steffen H.
	Street Address	5858 Central Avenue
	City-ST-Zip	St. Petersburg, FL 33707