

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90272 025 \*\*\*150.00

**DOCUMENT # P94000054269**

1. Entity Name

**SEKEIKIS INVESTMENTS, INC.**



Principal Place of Business 16119 COUNTRY CROSSING DRIVE TAMPA FL 33624	Mailing Address 16119 COUNTRY CROSSING DRIVE TAMPA FL 33624
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3291575</b>	Applied For Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**SEREIKIS, RONALD A**  
**16119 COUNTRY CROSSING DRIVE**  
**TAMPA FL 33624**

**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, 2004, 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	D	<input type="checkbox"/> Delete
NAME	SEREIKIS, RONALD A	
STREET ADDRESS	16119 COUNTRY CROSSING DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEREIKIS, MARTIN A	
STREET ADDRESS	13907 WOLCOTT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEREIKIS, MARIA	
STREET ADDRESS	13907 WOLCOTT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEREIKIS, LORI L	
STREET ADDRESS	16119 COUNTRY CROSSING	
CITY-ST-ZIP	TAMPA FL	
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		<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		
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 exemption stated in Section 119.07(3)(i), 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: *Ronald Sereikis* **RON SEREIKIS** Date: **4-20-04** Daytime Phone #: **813-961-1092**