2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000091120

1. Entity Name
SEMPER FI, INC.

Principal Place of Business	Mailing Address
6650 INDIANTOWN ROAD SUITE 200 JUPITER, FL 33458 US	6650 INDIANTOWN ROAD JUPITER, F 33458 US

01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0653389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

KRAMER, SCOTT
6650 INDIANTOWN ROAD
SUITE 200
JUPITER, FL 33458

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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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KRAMER, SCOTT
STREET ADDRESS	6650 INDIANTOWN ROAD SUITE 200
CITY-ST-ZIP	JUPITER, FL
TITLE	VP
NAME	FLECK, WILLIAM A
STREET ADDRESS	6650 INDIANTOWN ROAD
CITY-ST-ZIP	JUPITER, FL
TITLE	S
NAME	ALI, THOMAS J
STREET ADDRESS	6650 INDIANTOWN ROAD
CITY-ST-ZIP	JUPITER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/06-80038-015 150.00

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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: Scott Kramer 1/9/06 5612488000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #