



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90052 023 \*\*\*150.00

<b>DOCUMENT # P97000019170</b> 1. Entity Name <b>SEMAGO &amp; COMPANY, P.A.</b>																										
Principal Place of Business <b>601 N ASHLEY DRIVE SUITE 700 TAMPA, FL 33602</b>			Mailing Address <b>601 N ASHLEY DRIVE SUITE 700 TAMPA, FL 33602</b>																							
2. Principal Place of Business - No P.O. Box <b>5407 BORAN PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5407 BORAN PLACE</b> Suite, Apt. #, etc.																								
City & State <b>TAMPA FL</b> Zip <b>33610</b> Country <b>USA</b>		City & State <b>TAMPA FL</b> Zip <b>33610</b> Country <b>USA</b>		4. FEI Number <b>59-3071081</b>																						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																						
6. Name and Address of Current Registered Agent <b>SEMAGO, JOHN JR 601 N ASHLEY DRIVE SUITE 700 TAMPA, FL 33602</b> <b>5407 BORAN PLACE TAMPA FL 33610</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 obligation of the registered agent. SIGNATURE: <u>John Semago Jr.</u> DATE: <u>1/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																							
10. OFFICERS AND DIRECTORS																										
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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 names and addresses.																										
SIGNATURE: <u>John Semago Jr.</u> <b>1/9/08</b> <b>813-229-6300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																										