

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088453

1. Entity Name
STP REDEVELOPMENT, INC.



Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Mailing Address
P.O. BOX 41847
ST. PETERSBURG, FL 33743-1847

FILED

08 APR 30 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02282008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0871719

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

BK

7. Name and Address of New Registered Agent

Name
SEMBLER, GREGORY S.

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

5858 CENTRAL AVENUE

City
ST. PETERSBURG FL

Zip Code
33707

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

Gregory S. Sembler

SECRETARY

4-24-08

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BULLARD, FRED B JR
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MCNEEL, CLAYTON W
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SEMBLER, GREGORY S
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100127529851
04/30/08--01057--020 **158.75 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Gregory S. Sembler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

Date

727-384-6000

Daytime Phone #

GREGORY S. SEMBLER