

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90036 008 \*\*\*158.75

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02012005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # V46223</b> 1. Entity Name <b>COMMUNITY INVESTMENT CORPORATION</b>					
Principal Place of Business <b>11300 4TH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716 US</b>			Mailing Address <b>11300 4TH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-3131033</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SEMBLER, M S 11300 4TH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEMBLER, M. STEVEN <input type="checkbox"/> Delete 11300 4TH STREET NORTH, STE 200 ST. PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sembler, M. Steven	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YOUNG, ROBERT B. <input type="checkbox"/> Delete 11300 4TH STREET NORTH, STE 200 ST. PETERSBURG, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Young, Robert B.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELICE, DAVID M <input type="checkbox"/> Delete 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			M. Steven Sembler 2/22/05 727-579-3650		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		