


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 042 ***150.00

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1. Entity Name
SEMINOLE SCOOTERS, INC.



Principal Place of Business Mailing Address
 6227 PARK BLVD 6227 PARK BLVD
 PINELLAS PARK, FL 33781 US PINELLAS PARK, FL 33781 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6239 PARK BLVD *6239 PARK BLVD*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pinellas PARK FL *Pinellas PARK FL*
 Zip Country Zip Country
33781 *USA* *33781* *USA*



01272008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

HARTMANN, TERRY LEE
 12125 PARK BLVD.
 SEMINOLE, FL 33772

4. FEI Number Applied For
 20-1256057 Not Applicable

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

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMANN, ROBERT 6227 PARK BLVD PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6239 PARK BLVD</i> <i>Pinellas PARK FL 33781</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VP HARTMANN, TERRY</i> <i>6239 PARK BLVD</i> <i>Pinellas PARK FL 33781</i>
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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:  *1/31/08* *(727) 544-8800*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #