


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90026 027 \*\*\*150.00

**DOCUMENT # P96000065174**

1. Entity Name  
**SEMINOLE SWAMP SEASONING, INC.**



Principal Place of Business  
**2901 MYSTIC WARRIOR TRAIL  
 TALLAHASSEE, FL 32309**

Mailing Address  
**C/O JAMES MCDANIEL  
 2901 MYSTIC WARRIOR TRAIL  
 TALLAHASSEE, FL 32309**

2. Principal Place of Business - No P.O. Box #  
**245 Mystic Warrior Trail**

3. Mailing Address  
**90 JAMES MCDANIEL**

Suite, Apt. #, etc.  
**245 Mystic Warrior Trail**

City & State  
**Quincy, FLORIDA**

City & State  
**Quincy, FLORIDA**

Zip  
**32352-6016**

Country  
**USA**

Zip  
**32352-6016**

Country  
**USA**

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

**MCDANIEL, JAMES C  
 2901 MYSTIC WARRIOR TRAIL  
 TALLAHASSEE, FL 32309**

**7. Name and Address of New Registered Agent**

Name  
**JAMES C. MCDANIEL**

Street Address (P.O. Box Number is Not Acceptable)  
**245 MYSTIC WARRIOR TRAIL**

City  
**Quincy**

State  
**FL**

Zip Code  
**32352**

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 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	<b>P</b> <b>BILLIE, JAMES E</b> <b>1510 BAKERS HWY</b> <b>MOORE HAVEN, FL 33471</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>MCDANIEL, JAMES C</b> <b>2901 MYSTIC WARRIOR TRAIL</b> <b>TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>MCDANIEL, JAMES C.</b> <b>245 MYSTIC WARRIOR TRAIL</b> <b>Quincy, FLORIDA 32352-6016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *James C. McDaniel* 2/4/08 850-875-3787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



01312008 Chg-P CR2E034 (12/06)