2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P96000065174

Entity Name: SEMINOLE SWAMP SEASONING, INC.

Current Principal Place of Business:

245 MYSTIC WARRIOR TRAIL
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

C/O JAMES MCDANIEL
245 MYSTIC WARRIOR TRAIL
QUINCY, FL 32352

New Mailing Address:

FEI Number: 65-0692045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDANIEL, JAMES C
245 MYSTIC WARRIOR TRAIL
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BILLIE, JAMES E
Address: 1510 BAKERS HWY
City-St-Zip: MOORE HAVEN, FL 33471

Title: VT ( ) Delete
Name: MCDANIEL, JAMES C
Address: 245 MYSTIC WARRIOR TRAIL
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MCDANIEL VT 02/12/2009

Electronic Signature of Signing Officer or Director Date