


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90061 006 ***150.00

DOCUMENT # L37167	
1. Entity Name SEMINOLE PRECAST, INC.	

Principal Place of Business 331 BENSON JUNCTION RD DEBARY, FL 32713 US	Mailing Address P. O. BOX 531059 DEBARY, FL 32753-1059 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10152005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2985737

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEISWANDER, CURTIS M.
331 BENSON JUNCTION RD
DEBARY, FL 32713

7. Name and Address of New Registered Agent

Name Neiswander, MARTIN
Street Address (P.O. Box Number is Not Acceptable)

331 Benson Junction Rd.

City DeBarry

FL

Zip Code 32713

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

DM Neiswander President

3/22/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEISWANDER, H. MARTIN	
STREET ADDRESS	331 BENSON JUNCTION RD	
CITY-ST-ZIP	DEBARY, FL 32713	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEISWANDER, CURTIS M.	
STREET ADDRESS	331 BENSON JUNCTION RD	
CITY-ST-ZIP	DEBARY, FL 32713	

TITLE	STD	<input type="checkbox"/> Delete
NAME	NEISWANDER, PATRICIA A.	
STREET ADDRESS	331 BENSON JUNCTION RD	
CITY-ST-ZIP	DEBARY, FL 32713	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

DM Neiswander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

386-753-1810

Daytime Phone #