

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327367

FILED
Jun 30, 2005
Secretary of State

Entity Name: SEMINOLE T STOP, INC.

Current Principal Place of Business:

4690 US HWY 27
WESTON, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

4690 US HWY 27
WESTON, FL 33332 US

New Mailing Address:

FEI Number: 59-1214618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLAND, JEFFREY H
102 N. 2ND ST.
FT. PIERCE, FL 34950 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, MAXWELL C DR
Address: 1384 WALTON HEATH COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: KING, CHARLES R
Address: PO BOX 9
City-St-Zip: CEDAR BLUFF, VA 24609

Title: TD () Delete
Name: PATRICELLI, ANTHONY O
Address: 601 AZALEA AVE., APT B
City-St-Zip: FT. PIERCE, FL 34982

Title: D () Delete
Name: TEST, GWENDOLYN F
Address: 6393 CITRUS AVENUE, APT B
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: PATRICELLI, JACKIE KING
Address: 601 AZALEA AVE., APT B
City-St-Zip: FT. PIERCE, FL 34982

Title: SD () Delete
Name: GARLAND, JEFFREY H
Address: 2417 TAMARIND DRIVE
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: DR. MAXWELL C KING

PD

06/30/2005

Electronic Signature of Signing Officer or Director

Date