

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 335568

1. Entity Name
SEMINOLE GARDENS APARTMENT NO 19-E, INC.



**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90091 043 ***150.00

Principal Place of Business
8330 112TH ST. N.
SEMINOLE, FL 33772 US

Mailing Address
8330 112TH ST. N.
SEMINOLE, FL 33772 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03272008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1235142 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEACOCK, TOMMAY T PRES
8330 112TH ST. NORTH
SEMINOLE, FL 33772

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

Tommay Peacock
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, 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	1VP SHOREY, B E	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8330 112TH ST N SEMINOLE, FL 33772			
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	2VP CODDDINGTON, KAYE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8330 112TH ST N SEMINOLE, FL 33772			
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	ST SANDBERG, BARBARA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8330 112TH ST N SEMINOLE, FL 33772			
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	PRES PETSIS, BETTY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8330 112TH ST N SEMINOLE, FL 33772			
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Betty Petsis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08

Date

Daytime Phone #