


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90236 027 ***150.00

DOCUMENT # 407456

1. Entity Name
 SEMINOLE GARDENS APARTMENT NO. 35-J, INC



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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02042005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-1445983

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CASTLES, LORENA P
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00

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	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILHAVER, RUTH		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 00000,		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, ANTHEA		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, LOREN		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP PRICE		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 00000,		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSLING, DONALD		NAME		
STREET ADDRESS	8330 112TH ST N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Philip Price Philip Price 3/22/05 727/393-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #