2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# 502450

Entity Name: SEMINOLE TRAVEL, INC.

Current Principal Place of Business:

15542 REDINGTON DR
REDINTON BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

15542 REDINGTON DR
REDINGTON BEACH, FL 33708 US

New Mailing Address:

FEI Number: 59-1681048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAHS, BERTRAM J.
15542 REDINGTON DRIVE
REDINGTON BEACH, FL 33708 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:	PTD	( ) Delete
Name:	FAHS, BERTRAM J.	
Address:	15542 RED DRIVE	
City-St-Zip:	RED BEACH FL,	
Title:	VD	( ) Delete
Name:	BALDWIN, JEANETTE	
Address:	465 HARBOR DR NORTH	
City-St-Zip:	INDIAN ROCKS BEACH, FL	
Title:	VSD	( ) Delete
Name:	STERLING, JUDITH E	
Address:	16494 RED DRIVE	
City-St-Zip:	RED BEACH, FL	
Title:	D	( ) Delete
Name:	FRONSTIN, CARY	
Address:	3009 NW 27TH AVE.	
City-St-Zip:	BOCA RATON, FL 33434 US	
Title:	D	( ) Delete
Name:	PAPA, TRACY	
Address:	65 DOUGLAS RD	
City-St-Zip:	GLASTONBURY, CT 06033 US	

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:	

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: BERTRAM J FAHS PRES 05/11/2009

Electronic Signature of Signing Officer or Director Date