## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 517122** 

Address:

City-St-Zip:

11686 IRVING AVE

SEMINOLE, FL 33772 US

Entity Name: SEMINOLE COMPLEX, INC

FILED Mar 29, 2009 Secretary of State

Littly Na	ille. OLIVIIIAC	DEL COMPLEX, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	H AVENUE N E, FL 33772	NORTH US			
Current M	lailing Addre	ess:	New Mailing Address:		
	H AVENUE N E, FL 33772	NORTH US			
FEI Number	: 59-1804146	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
11686 IRV	ST, MARYLU ING AVE E, FL 33772	US			
	e named entity e of Florida.	submits this statement for th	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	onic Signature of Registered A	Agent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ARBOGAST, I 7380 111TH S SEMINOLE, F	ST N.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	S ( ARBOGAST, I	)Delete MARYLU	Title: ( Name:	) Change ( ) Addition	

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: MARYLU ARBOGAST SECR 03/29/2009