2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 08:00 AN Secretary of State

DOCUMENT # 542907 1. Entity Name SEMINOLE ACCOUNTANTS, INC.				50	ecretary or Sta
9996 SEMINOLE BLVD 9	ailing Address 996 SEMINOLE BLVD EMINOLE, FL 33772 US				
DO NOT WRITE IN	-,	CE	04052008 4. FEI Numb 59-245	No Chg-P er 6160	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
GEIGER, SUSAN J 9996 SEMINOLE BLVD SEMINOLE, FL 33772 DO NOT WRITE IN THIS SPACE 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 Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature require	ed when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		5.00 May Be ded to Fees		
10. OFFICERS AND DIRECT INTERMEDIAL PSD GEIGER, SUSAN J. STREET ADDRESS 9996 SEMINOLE BLVD SEMINOLE, FL. TITLE VP NAME LYNCH, GARRICK STREET ADDRESS 9996 SEMINOLE BLVD CITY-ST-ZIP SEMINOLE, FL 33772	CTORS		,	U000009 05/20/08-8	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				NOT WE	

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 trusted 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.

TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR