


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 608646 1. Entity Name PETTY'S OF SEMINOLE, INC.	
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Principal Place of Business 2141 S.R. #434 LONGWOOD, FL 32779 US	Mailing Address 2141 S.R. #434 LONGWOOD, FL 32779 US
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04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1949808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HIDALGO, ALLYSON
2141 S.R. #434
LONGWOOD, FL 32779**

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 if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIDALGO, MARY A 2141 SR 434 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIDALGO, MELISSA R 2141 SW 434 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIDALGO, MARY A 2141 SR 434 LONGWOOD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/05-80005-020 150.00

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 807, 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: Allyson Hidalgo 4/1/05 407-862-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #