


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90012 027 ***150.00

DOCUMENT # F20254	
1. Entity Name SEMINOLE CLUB, INC.	

Principal Place of Business 3536 COUNTRY CLUB SANFORD, FL 32771 US	Mailing Address P.O. BOX 950789 LAKE MARY, FL 32795-0789
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2072451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DANIELS, ALICE V 195 VISTA OAK DRIVE LONGWOOD, FL 32779

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME DANIELS, ALICE V STREET ADDRESS 195 VISTA OAK DRIVE CITY-ST-ZIP LONGWOOD, FL 32779
TITLE VP	NAME PERKOSKI, LEONARD A STREET ADDRESS 117 WOODLAND DRIVE CITY-ST-ZIP PARKESBURG, PA 19365
TITLE ST	NAME DANIELS, CURTIS F STREET ADDRESS 195 VISTA OAK DRIVE CITY-ST-ZIP LONGWOOD, FL 32779
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP
TITLE 	NAME STREET ADDRESS CITY-ST-ZIP

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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: Alice V. Daniels **2/25/04** **407-322-2581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #