

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90010 046 ***150.00

DOCUMENT # G36766

1. Entity Name
SEMINOLE ENTERPRISES OF OKALOOSA, INC.



Principal Place of Business
**1481 HICKORY ST
NICEVILLE, FL 32578**

Mailing Address
**PO BOX 5234
NICEVILLE, FL 32578-5234 US**

66010732



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2304297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATRICK, ROBERT E.
1481 HICKORY STREET
NICEVILLE, FL 32578**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PATRICK, ROBERT E.
STREET ADDRESS	1481 HICKORY STREET
CITY- ST- ZIP	NICEVILLE, FL
TITLE	VS
NAME	PATRICK, LINDA
STREET ADDRESS	1481 HICKORY STREET
CITY- ST- ZIP	NICEVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 an other like empowered.

SIGNATURE: *Robert E. Patrick* *Robert E. Patrick* *05/12* *850-897-2855*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #