


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # G70233 1. Entity Name SEMINOLE DUNES, INC.	
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Principal Place of Business 2007 SEMINOLE RD ATLANTIC BEACH, FL 32233 US	Mailing Address 2007 SEMINOLE RD ATLANTIC BEACH, FL 32233 US
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DO NOT WRITE IN THIS SPACE

03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2446145	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

**CREWS, JULIE
2007 SEMINOLE RD
ATLANTIC BEACH, FL 32233**

**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: *Julie Crews* (NOTE: Registered Agent signature required when reinstating) DATE: 3-8-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CREWS, JULIE 2007 SEMINOLE RD ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MCKINNON, SHARON 2001 SEMINOLE RD ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/20/07-80063-021 150.00

**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 all other like empowered.

SIGNATURE: *Julie Crews* 3-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #