

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G95073

1. Entity Name
C & T OF SEMINOLE, INCORPORATED



Principal Place of Business
**110 ANCHOR RD.
CASSELBERRY, FL 32707**

Mailing Address
**P.O. BOX 552
ALTAMONTE SPRINGS, FL 32715**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2458467** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLUNT, CHARLOTTE R
110 ANCHOR ROAD
CASSELBERRY, FL 32707**

**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 _____ (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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	BLUNT, CHARLOTTE R
STREET ADDRESS	110 ANCHOR ROAD
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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02/10/04-80047-013.150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Charlotte A. Blunt* **CHARLOTTE A. BLUNT** 2/6/04 (401) 830-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #