

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J72757

1. Entity Name

SEMINOLE TRAIL, INC.



Principal Place of Business

ONE WOODLAND DR.
PUNTA GORDA FL 33982

Mailing Address

ONE WOODLAND DR.
PUNTA GORDA FL 33982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0014556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNS, ALFRED M.
ONE WOODLAND DR
PUNTA GORDA FL 33982

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME JOHNS, ALFRED M. ☐ Delete
STREET ADDRESS ONE WOODLAND DR
CITY- ST- ZIP PUNTA GORDA FL

TITLE D
NAME SAFRON, ELWOOD P. ☐ Delete
STREET ADDRESS 871 CONREID DR
CITY- ST- ZIP PORT CHARLOTTE FL

TITLE D
NAME HARPER, DANIEL ☐ Delete
STREET ADDRESS 6718 DANIEL CT, RT 5
CITY- ST- ZIP FT MYERS FL

TITLE TD
NAME JOHNS, ALFRED M. ☐ Delete
STREET ADDRESS ONE WOODLAND DR.
CITY- ST- ZIP PUNTA GORDA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000029629
02/04/04-80074-005 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Alfred M. Johns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #