2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# J72757

Entity Name: SEMINOLE TRAIL, INC.

Current Principal Place of Business:

ONE WOODLAND DR.
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

ONE WOODLAND DR.
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 65-0014556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PS	( ) Delete
Name:	JOHNS, ALFRED M.,	
Address:	ONE WOODLAND DR	
City-St-Zip:	PUNTA GORDA, FL	
Title:	D	( ) Delete
Name:	SAFRON, ELWOOD P.,	
Address:	871 CONREID DR	
City-St-Zip:	PORT CHARLOTTE, FL	
Title:	D	( ) Delete
Name:	HARPER, DANIEL,	
Address:	6718 DANIEL CT, RT 5	
City-St-Zip:	FT MYERS, FL	
Title:	TD	( ) Delete
Name:	JOHNS, ALFRED M.,	
Address:	ONE WOODLAND DR.	
City-St-Zip:	PUNTA GORDA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED M. JOHNS DP 02/10/2007

Electronic Signature of Signing Officer or Director — Date