

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72757

FILED
Apr 29, 2009
Secretary of State

Entity Name: SEMINOLE TRAIL, INC.

Current Principal Place of Business:

ONE WOODLAND DR.
PUNTA GORDA, FL 33982

New Principal Place of Business:

C/O 2323 SANDY PINE DRIVE
PUNTA GORDA, FL 33982

Current Mailing Address:

ONE WOODLAND DR.
PUNTA GORDA, FL 33982

New Mailing Address:

C/O 2323 SANDY PINE DRIVE
PUNTA GORDA, FL 33982

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:

SAFRON, ELWOOD P
2323 SANDY PINE DRIVE
PUNTA GORDA, FL 33982 US

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: ELWOOD P. SAFRON

04/29/2009

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 (X) Delete
Name: JOHNS, ALFRED M.
Address: ONE WOODLAND DR.
City-St-Zip: PUNTA GORDA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAFRON, ELWOOD P
Address: 2323 SANDY PINE DRIVE
City-St-Zip: PUNTA GORDA, FL 33952

Title: SD (X) Change () Addition
Name: JOHNS, KEVIN A
Address: 3840 BORDEAUX DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD (X) Change () Addition
Name: STEPHENSON, JACK F
Address: 796 BIRDIE VIEW POINT
City-St-Zip: SANIBEL, FL 33957

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

I hereby certify that the information supplied with this filing does not qualify 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: ELWOOD P. SAFRON

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date