


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90338 017 ***150.00

DOCUMENT # K27349 1. Entity Name SEMINOLE MANAGEMENT CORPORATION			
Principal Place of Business % J.D. DURANT 2105 SOUTH WAUKESHA STREET BONIFAY, FL 32425		Mailing Address % J.D. DURANT 2105 SOUTH WAUKESHA STREET BONIFAY, FL 32425	
2. Principal Place of Business P.O. Box 610 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 610 Suite, Apt. #, etc.	
City & State Bonifay, FL Zip 32425 Country		City & State Bonifay, FL Zip 32425 Country	
4. FEI Number 59-2894465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURANT, J.D. 2105 SOUTH WAUKESHA STREET BONIFAY, FL 32425		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3264 Durant Dr. City Bonifay FL Zip Code 32425	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DURANT, J.D. 2105 S. WAUKESHA STREET BONIFAY, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MANUEL, JOHN F. 2105 S. WAUKESHA STREET BONIFAY, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3264 Durant Dr. Bonifay, FL 32425	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	415 S. Waukesha St. Bonifay, FL 32425	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4-10-06	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 fee empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	