2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2006 8:00 am Secretary of State DOCUMENT #L03561 1. Entity Name 04-13-2006 90271 042 ***150.00 SEMINOLE LAKES, INC. Mailing Address Principal Place of Business RINKATOO 100 MADRID BLVD. #213 100 MADRID BLVD. #213 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 Principal Place of Business 3. Mailing Address 24420 SANDHILL BUD 24420 SANDHINFSLYD Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-P CR2E034 (11/05) 103 103 Applied For City & State 4. FEI Number City & State unta Geordo Punta Gorda 65-0135807 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33983 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEPHANSON, JACK F Street Address (P.O. Box Number is Not Acceptable) 100 MADRID BLVD. #213 24420 SANDHIII BLVD PUNTA GORDA, FL 33950 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_ DATE Signature, typed by printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 24420 SANDHILL BUD # 103 TITLE TITLE ☐ Delete STEPHENSON, JACK F. NAME STREET ADDRESS STREET ADDRESS 100 MADRID BLVD CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL VP 14420 SANDHIH BUD #103 ☐ Addition TITLE Delete TITLE WETZEL, MARK NAME NAME 100 MADRID BLVD STREET ADDRESS STREET ADDRESS Punta Gorda, FL 33983 24420 Sandhill BLYD CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL D Defete THLE Cnange Addition DITLE NAME JOHNS, ALFRED NAME STREET ADDRESS STREET ADDRESS 100 MADRID BLVD Punta Gorda, FL 33913 CITY-ST-ZIP PUNTA GORDA, FL CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TIFLE Change Addition TITLE ☐ Delete MMŕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 flustee embowered to expedie 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 properties and the properties of the corporation of the receiver or flustee embowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK STEPHENSON

4/7/2006 (941)766-8028

FILED