


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90040 014 \*\*\*150.00

<b>DOCUMENT # L03561</b> 1. Entity Name <b>SEMINOLE LAKES, INC.</b>			
Principal Place of Business <b>24420 SANDHILL BLVD</b> <b>103</b> <b>PUNTA GORDA, FL 33983</b>		Mailing Address <b>24420 SANDHILL BLVD</b> <b>103</b> <b>PUNTA GORDA, FL 33983</b>	
2. Principal Place of Business - No P.O. Box # <b>24430 SANDHILL BLVD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 303</b>	
City & State <b>PUNTA GORDA, FL</b>		City & State <b>PUNTA GORDA, FL</b>	
Zip <b>33983</b>		Country <b>United States</b>	
4. FEI Number <b>65-0135807</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STEPHANSON, JACK F</b> <b>24420 SANDHILL BLVD 103</b> <b>PUNTA GORDA, FL 33983</b>		7. Name and Address of New Registered Agent -- Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing - <input type="checkbox"/> <b>\$5.00</b> 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	PD STEPHENSON, JACK F. 24420 SANDHILL BLVD 103 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WETZEL, MARK 24420 SANDHILL BLVD 103 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNS, ALFRED 24420 SANDHILL BLVD 103 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<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 supplement thereto 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/14/08</b> Daytime Phone # <b>941 766 8028</b>	