

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90038 015 ***150.00

DOCUMENT # L54569	
1. Entity Name SEMINOLE RESTAURANTS OF FLORIDA, INC.	

Principal Place of Business 500 E. HORATIO AVE. MAITLAND, FL 32751	Mailing Address 500 E. HORATIO AVE. MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE

	
01172005	No Chg-P CR2E034 (10/03)
4. FEI Number 59-2993383	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALLACE, DALE R. 6519 SINISI DR. MOUNT DORA, FL 32757	
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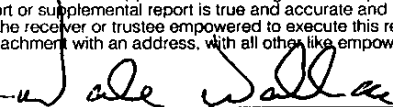
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida: I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1/17/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, DALE R. 6519 SINISI DR. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRADY, ROBERT E 7256 CHESTERHILL CIRCLE MOUNT DORA, FL 32757
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.	
SIGNATURE: 	DATE 1/17/05 DAYTIME PHONE # 407 628 1134