## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66051

FEI Number: 59-3002062

Entity Name: SEMINOLE OIL COMPANY, INC.

**FILED** Mar 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

C/O BETTY FINCH C/O BETTY FINCH 2666 MILTON STREET 36 HICKORY STREET

FREEPORT, FL 32439 US COTTONDALE, FL 32431 US

**Current Mailing Address:** New Mailing Address:

FEI Number Applied For ( )

C/O BETTY FINCH C/O BETTY FINCH 2666 MILTON STREET 36 HICKORY STREET

FREEPORT, FL 32439 US COTTONDALE, FL 32431 US

> FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FINCH, BETTY J FINCH, BETTY J 36 HICKORY ST. 2666 MILTON STREET

FREEPORT, FL 32439 COTTONDALE, FL 32431 US 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: BETTY J. FINCH 03/31/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete Title: DVS (X) Change ( ) Addition

FINCH, BETTY JEAN, Name: Name: FINCH, BETTY JEAN, 36 HICKORY STREET 2666 MILTON STREET Address: Address: City-St-Zip: FREEPORT, FL 32439 City-St-Zip: COTTONDALE, FL 32431

Title: Title: () Delete (X) Change ( ) Addition

FINCH, BETTY JEAN, Name: FINCH, BETTY JEAN. Name: 36 HICKORY STREET 2666 MILTON STREET Address: Address: FREEPORT, FL 32439 COTTONDALE, FL 32431 City-St-Zip: City-St-Zip:

Title: Title: DP () Delete DP (X) Change ( ) Addition

FINCH, LESLIE R., FINCH, LESLIE R., Name: Name: 36 HICKORY STREET 2666 MILTON STREET Address: Address: City-St-Zip: FREEPORT, FL 32439 City-St-Zip: COTTONDALE, FL 32431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETTY J FINCH 03/31/2005 Τ