

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90041 008 ***150.00

DOCUMENT # L66051

1. Entity Name
SEMINOLE OIL COMPANY, INC.



Principal Place of Business

C/O BETTY FINCH
2666 MILTON STREET
COTTONDALE, FL 32431 US

Mailing Address

C/O BETTY FINCH
2666 MILTON STREET
COTTONDALE, FL 32431 US

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3002062

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINCH, BETTY J
2666 MILTON STREET
COTTONDALE, FL 32431

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
FINCH, BETTY JEAN
2666 MILTON STREET
COTTONDALE, FL 32431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FINCH, BETTY JEAN
2666 MILTON STREET
COTTONDALE, FL 32431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FINCH, LESLIE R.
2666 MILTON STREET
COTTONDALE, FL 32431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-07

850-352-4949