

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90009 043 ***150.00

DOCUMENT # M89211

1. Entity Name
SEMINAR NETWORK INTERNATIONAL, INC.



Principal Place of Business
**518 N. FEDERAL HWY.
LAKE WORTH, FL 33460**

Mailing Address
**518 N. FEDERAL HWY.
LAKE WORTH, FL 33460**

54037308



2. Principal Place of Business
316 MONCEAUX RD

3. Mailing Address
316 MONCEAUX RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042004 Chg-P CR2E034 (10/03)

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

4. FEI Number
65-0063286

Applied For
Not Applicable

Zip
33405

Country

Zip
33405

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PUTZAN, NANCY
518 N. FEDERAL HWY.
LAKE WORTH, FL 33460**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
316 MONCEAUX RD

City **WEST PALM BEACH** **FL** Zip Code **33405**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LOVING, JEAN E.**
STREET ADDRESS **5203 MICHAEL AVE**
CITY - ST - ZIP **BOYNTON BEACH, FL 33437**

TITLE **VP** ☐ Delete
NAME **PUTZAN, NANCY S.**
STREET ADDRESS **316 MONCEAUX RD.**
CITY - ST - ZIP **WEST PALM BEACH, FL 33405**

TITLE **D** ☐ Delete
NAME **PUTZAN, CONRAD S.**
STREET ADDRESS **316 MONCEAUX RD.**
CITY - ST - ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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.

NANCY S PUTZAN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04 561-582-5349

Date

Daytime Phone #