2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000062149

1. Entity Name

SEMINOLE ELECTRIC CONSTRUCTION INC.



FILED Jan 08, 2004 08:00 AM Secretary of State

Principal Place of Business

3802 NORTH "S" STREET PENSACOLA, FL 32505 Mailing Address

P.O. BOX 37266 PENSACOLA, FL 32526



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR25

CR2E034 (10/03)

4. FEI Number 59-3655134

Applied For Not Applicable

5. Certificate of Status Desired

06 Jan 2004

★8.75 Additional Fee Required

▼ 18 Telephone

▼ 20 Telep

6. Name and Address of Current Registered Agent

BLACKMON, LLOYD 6208 EAST SHORE DRIVE PENSACOLA, FL 32505

SIGNATURE:

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 Squature, typod or printed name of registered agent and the filippicable. (NOTE: Registered Agent signature required when rematating) DATE						
FIL	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKMON, KELLY W 7100 BLUEANGEL PARKWAY PENSACOLA, FL 32526				UNQONDOO0815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BLACKMON, LLOYD 6208 EAST SHORE DR PENSACOLA, FL 32505				01/09/04-80013-822 158.75	
THTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET AEXDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this fitting 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.						

ANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR