


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000069440</b>	
1. Entity Name <b>SEMINOLE CONSTRUCTION SUPPLY, INC.</b>	

Principal Place of Business <b>1704 B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308</b>	Mailing Address <b>1704 B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308</b>
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07282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3540406</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>YARDIS, GAIL 1704 B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308</b>
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**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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST YARDIS, GAIL 1704 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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U000000169356  
08/04/04-80004-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marguerite J. Rudrab 08-02-04 (850) 668-4441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #