2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000022422

SEMINOLE SKYDIVING, INC.



Principal Place of Business

Mailing Address

45 MONOCOUPE CIRCLE PANACEA, FL 32346 US

45 MONOCOUPE CIRCLE PANACEA, FL 32346 US

FILED Jan 17, 2007 8:00 am Secretary of State

01-17-2007 90053 024 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3699845

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PEAVY, M.D. IV 45 MONOCOUPE CIRCLE PANACEA, FL 32346

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 accepted agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE PILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 PRES P						
FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 45.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS ITILE PRES NAME PEAVY, M.D. IV STREET ADDRESS 45 MONOCOUPE CIRCLE	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.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE NAME PEAVY, M.D. IV STREET ADDRESS 45 MONOCOUPE CIRCLE						
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS INTLE PRES NAME PEAVY, M.D. IV STREET ADDRESS 45 MONOCOUPE CIRCLE	Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
TITLE PRES NAME PEAVY, M.D. IV STREET ADDRESS 45 MONOCOUPE CIRCLE						
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UIT-31-4F MANACEA, FE 32340						
						
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12. Thereby certify that the information supplied with this filling 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: _

STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #