

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009399

Entity Name: SEMINOLE FUNDING INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

9410 SEMINOLE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

9410 SEMINOLE BLVD
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 74-3026671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALES, THOMAS A
9274 OAK CIR
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALES, SHARON R
Address: 8066 124TH STREET
City-St-Zip: SEMINOLE, FL 33772

Title: CEO () Delete
Name: BALES, SHARON R
Address: 8066 124TH STREET
City-St-Zip: SEMINOLE, FL 33772

Title: STD () Delete
Name: BALES, THOMAS A
Address: 9274 OAK CIRCLE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALES, SHARON R
Address: 9410 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: CEO (X) Change () Addition
Name: BALES, THOMAS A
Address: 9410 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: STD (X) Change () Addition
Name: BALES, THOMAS A
Address: 9410 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON R. BALES

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date