2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P03000147299

SETER, MILES A

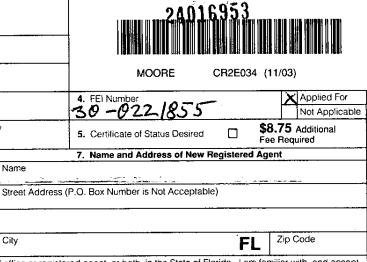
401 SORRENTO CT

1. Entity Name

SETER CORI	PORATION						
Principal Place of	Business	Mailing Address					
401 SORRENTO PUNTA GORDA		401 SORRENTO CT PUNTA GORDA FL 33950					
2. Principal Place of Business  5ame		3. Mailing Address Same					
Suite, Apt. #, etc.		Suite, Apt. #, et	tc.				
City & State		City & State					
Zip	Country	Zip	Country				
(	5. Name and Address of Cu	rrent Registered Agent					
	<del></del>		Name				

## FILED Mar 08, 2004 8:00 am Secretary of State

03-08-2004 90043 048 \*\*\*150.00



PUNTA GORDA FL 33950								
			City			FL	Zip Code	
	named entity submits this statement for the purpose of ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.		<u>.</u>	registered ager		da. I am fa	miliar with, a	and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State					Election Campaign Fina     Trust Fund Contribution.		Added	May Be to Fees
10.	OFFICERS AND DIRECTORS		11.	ADD	ITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [ SETER, MILES A 401 SORRENTO CT PUNTA GORDA FL 33950	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			!	■ Change	Addition
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12. I hereby	certify that the information supplied with this filing does	s not qualify for the	e exemption star	ted in Section 1	19.07(3)(i), Florida Statutes. I	further certi ath: that Lai	fy that the ir	nformation or director

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 impowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/04 9415055

Daytime Phone #