2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000040683

1. Entity Name
SEMINOLE SPEED & STRENGTH, INC.

FILED
07 APR -2 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
CHMP TRAINING COMPLEX /FOOTBALL STADIUM FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306	CHMP TRAINING COMPLEX /FOOTBALL STADIUM FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306

03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2880301
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUALLS, TIMOTHY T
225 S ADAMS ST STE 200
TALLAHASSEE, FL 32301

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOST, JON
STREET ADDRESS	PO BOX 2195
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	D
NAME	HINGST, JOSH
STREET ADDRESS	PO BOX 2195
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400096378574
04/11/07--01003--007 **150.00

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12. I hereby certify that the information supplied with this filing 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: _____ March 23, 2007 644-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #