

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000096429

1. Entity Name
SEMINOLE SCOOTERS, INC.



Principal Place of Business
**6227 PARK BLVD
PINELLAS PARK, FL 33781 US**

Mailing Address
**6227 PARK BLVD
PINELLAS PARK, FL 33781 US**



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number **20-1256057** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARTMANN, TERRY LEE
12125 PARK BLVD.
SEMINOLE, FL 33772**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000421774
02/16/06-80043-020 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HARTMANN, ROBERT**
STREET ADDRESS **6227 PARK BLVD**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-06

Date

727-544-8800

Daytime Phone #