



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 042 ***150.00

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						
2. Principal Place of Business - No P.O. Box # 6239 PARK BLVD		3. Mailing Address 6239 PARK BLVD							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272008 Chg-P CR2E034 (12/06)					
City & State Pinellas PARK FL		City & State Pinellas PARK FL		4. FEI Number 20-1256057					
Zip 33781		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HARTMANN, TERRY LEE 12125 PARK BLVD. SEMINOLE, FL 33772			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px; text-align: right;">FL Zip Code</td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL Zip Code
Name									
Street Address (P.O. Box Number is Not Acceptable)									
City									
FL Zip Code									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	HARTMANN, ROBERT		NAME	6239 PARK BLVD					
STREET ADDRESS	6227 PARK BLVD		STREET ADDRESS	Pinellas PARK FL 33781					
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME			NAME	VP HARTMANN, TERRY					
STREET ADDRESS			STREET ADDRESS	6239 PARK BLVD					
CITY-ST-ZIP			CITY-ST-ZIP	Pinellas PARK FL 33781					
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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: _____			1/31/08 (727) 544-8800						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #						