

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000004533

1. Entity Name  
SEMINOLE FRAMERS PLUS INC.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 30 PM 2:37

Principal Place of Business  
3801 MISSION TRUCE BLVD., #L5  
TALLAHASSEE, FL 32303

Mailing Address  
3801 MISSION TRUCE BLVD., #L5  
TALLAHASSEE, FL 32303

2. Principal Place of Business  
3701 Dorset Way  
3. Mailing Address  
3701 Dorset Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tallahassee FL.

City & State  
Tallahassee FL.

05122006 Chg-P CR2E034 (11/05)



Zip 32303 Country US Zip 32303 Country US

4. FEI Number 113738948 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

GRENAT, JOE  
3801 MISSION TRUCE BLVD., #L5  
TALLAHASSEE, FL 32303

## 7. Name and Address of New Registered Agent

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  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRENAT, JOE 3801 MISSION TRUCE BLVD., #L5 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRER, JAUN 3801 MISSION TRUCE BLVD., #L5 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, ANTONIO 3801 MISSION TRUCE BLVD., #L5 TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC BELLA, FRANCISCO 3801 MISSION TRUCE BLVD., #L5 TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTERA, EDUARDO PO BOX 196 GREENSBORO, FL 32330	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Kim Taulbee 3701 Dorset Way Tallahassee FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Quincy Barineau 3701 Dorset Way Tallahassee FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400079284-724 08/31/06--01003--004 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

8-24-06 850 510 280X  
Date Daytime Phone #