


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000063661	
1. Entity Name SEMINOLE CEILING COMPANY	



01062007 No Chg-P CR2E034 (11/05)

Principal Place of Business 4165 DOW RD #16 MELBOURNE, FL 32934	Mailing Address 4165 DOW RD #16 MELBOURNE, FL 32934
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DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0128651	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHILCOTT, RANDY 4165 DOW RD #16 MELBOURNE, FL 32934	
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**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 this 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000583930 01/12/07-80016-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILCOTT, RANDY 4165 DOW RD #16 MELBOURNE, FL 32934
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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: Randy Chilcott Randy Chilcott 1-10-07 321-242-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #