## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

Mar 01, 2006 8:00 am Secretary of State 02-13-2006 90012 034 \*\*\*150.00 DOCUMENT # P05000088594 CARD OUTLET OF SEMINOLE, INC. 66003183 Principal Place of Business Mailing Address 724 RUSTIC OAKS DRIVE 724 RUSTIC OAKS DRIVE PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 CR2E034 (11/05) Cha-P City & State City & State Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City 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. UNCTE Received Agest signature required when remediated DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE Delete TITLE ☐ Change Addition MALE DWYER, SERAPHINA K HAME 724 RUSTIC OAKS DRIVE STREET ADDRESS STREET ADDRESS CITY+ST- ZIP PALM HARBOR, FL. 34684 CITY-ST-ZIP Oclete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATL F Dalete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change THEE ☐ Addition NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP HILE ☐ Delete HILE ☐ Chance ☐ Addition

12. Thereby 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 eath, 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.

NAME

TIFLE

HAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Addition

**FILED** 

2/13

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

CARD OUTLET OF SEMINOLE, INC. 724 RUSTIC OAKS DRIVE PALM HARBOR, FL 34684

Subject: CARD OUTLET OF SEMINOLE, INC.

Référence Number:

P05000088594

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION