

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061438

FILED
Mar 20, 2009
Secretary of State

Entity Name: SEMINOLE CAMPS SERVICE CORPORATION

Current Principal Place of Business:

1415 E. PIEDMONT DR., STE. 4
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1415 E. PIEDMONT DR., STE. 4
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-0229144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTON, RICHARD E.
1415 E. PIEDMONT DR., STE. 4
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, LAWRENCE M. III
Address: 3262 SALINGER WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: MEADERS, HARLIS J.
Address: 1912 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: KRIKORIAN, MARK
Address: 4794 HIGH GROVE RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: HULTQUIST, DWAYNE
Address: 100 TULLY GYM
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: HYDE, JENNIFER
Address: 100 TULLY GYM
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: HAMILTON, J. LEONARD
Address: 520 W. MADISON ST.
City-St-Zip: TALLAHASSEE, FL 323011667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEMRAU, SUE
Address: 520 W. MADISON ST.
City-St-Zip: TALLAHASSEE, FL 323011667

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE M JONES

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date