## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000000486

Entity Name: SEMINOLE PROPERTIES OF NORTH FLORIDA, INC.

FILED Feb 08, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

703 N. WAUKESHA STREET 4359 LAFAYETTE STREET BONIFAY, FL 32425 MARIANNA, FL 32446

Current Mailing Address: New Mailing Address:

703 N. WAUKESHA STREET P.O. BOX 5896

BONIFAY, FL 32425 MARIANNA, FL 32447

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAUNDERS, SHANNON

4293 LAFAYETTE STREET

MARIANNA, FL 32446 US

SAUNDERS, BARTOW

4359 LAFAYETTE STREET

MARIANNA, FL 32446 US

MARIANNA, FL 32446 US

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: B. SHANNON SAUNDERS 02/08/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: SAUNDERS, SHANNON Address: 4359 LAFAYETTE STREET City-St-Zip: MARIANNA, FL 32446

Title: VP

Name: SAUNDERS, SHANNON Address: 4359 LAFAYETTE STREET City-St-Zip: MARIANNA, FL 32446

Title: SEC

Name: SAUNDERS, SHANNON Address: 4359 LAFAYETTE STREET City-St-Zip: MARIANNA, FL 32446

Title: TF

Name: SAUNDERS, SHANNON Address: 4359 LAFAYETTE STREET City-St-Zip: MARIANNA, FL 32446

I hereby 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 all other like empowered.

SIGNATURE: B. SHANNON SAUNDERS PRES 02/08/2012