

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 039 ***158.75

DOCUMENT # P16691

1. Entity Name
SEMINOLE GULF RAILWAY, INC.



Principal Place of Business
**4110 CENTER POINT DR
STE 207
FORT MYERS, FL 33916-9424 US**

Mailing Address
**4110 CENTER POINT DR
STE 207
FORT MYERS, FL 33916-9424 US**

2. Principal Place of Business - No P.O. Box #
4110 CENTER POINTE DR.

3. Mailing Address
4110 CENTER POINTE DR.

Suite, Apt. #, etc.
SUITE 207

Suite, Apt. #, etc.
SUITE 207

City & State

City & State

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number
04-2982900

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FAY, SUSAN J
4110 CENTER POINTE DRIVE
STE 207
FT. MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**4110 CENTER POINTE DR.
SUITE 207
FORT MYERS FL 33916-9424**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
FAY, GORDON H.
4110 CENTER POINTE DR #207
FORT MYERS, FL 339169424** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BARTHOLOMEW, GEORGE E.
4110 CENTER POINTE DR #207
FORT MYERS, FL 339169424** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FAY, SUSAN JANE
4110 CENTER POINTE DR #207
FORT MYERS, FL 339169424** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
33916-9424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
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☐ Change ☐ 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

GORDON H. FAY 1/12/07

Date

(239)275-6060

Daytime Phone #