2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P16691

1. Entity Name
SEMINOLE GULF RAILWAY, INC.

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

DO NOT WRITE IN THIS SPACE

03252008 No Chg-P CR2E034 (11/05)

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 CENTERPOINTE DRIVE
STE 207
FT. MYERS, FL 33916

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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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FAY, GORDON H.
STREET ADDRESS	4110 CENTER POINTE DR #207
CITY-ST-ZIP	FORT MYERS, FL 339169424
TITLE	VD
NAME	BARTHOLOMEW, GEORGE E.
STREET ADDRESS	4110 CENTER POINTE DR #207
CITY-ST-ZIP	FORT MYERS, FL 339169424
TITLE	AS
NAME	FAY, SUSAN JANE
STREET ADDRESS	4110 CENTER POINTE DR #207
CITY-ST-ZIP	FORT MYERS, FL 339169424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/08-80078-011 158.75

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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: Gordon N Fay GORDON H. FAY 3/26/08 (239)275-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #