

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003997

FILED
Apr 30, 2004
Secretary of State

Entity Name: SEMINOLE INSURANCE SERVICES, INC.

Current Principal Place of Business:

2393 S CONGRESS AVE
2N FL
WPB, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9512
LAKE WORTH, FL 334669512 US

New Mailing Address:

FEI Number: 59-3191170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENIMORE, ROBERT A
7311 N.W. 18TH ST.
APT. 105
MARGATE, FL 33063

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: DV () Delete
Name: SCATURRO, JOSEPH
Address: 880 N.W. 115TH AVE.
City-St-Zip: PLANTATION, FL 33325

Title: D () Delete
Name: SEAMAN, CARL
Address: 63 HUNTING RIDGE RD
City-St-Zip: GREENWICH, CT

Title: DST () Delete
Name: JAMES W BLAKE JR,
Address: 2358 SUNDERLAND AVE
City-St-Zip: WELLINGTON, FL

Title: P () Delete
Name: FENIMORE, ROBERT A
Address: 7311 N.W. 18TH ST., APT. 105
City-St-Zip: MARGATE, FL 33063

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES W. BLAKE, JR.

DST

04/30/2004

Electronic Signature of Signing Officer or Director

Date