

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90111 028 ***158.75

DOCUMENT # P92000003997

1. Entity Name
SEMINOLE INSURANCE SERVICES, INC.



Principal Place of Business
2393 S CONGRESS AVE
2N FL
WPB, FL 33406 US

Mailing Address
P O BOX 9512
LAKE WORTH, FL 33466-9512 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3191170

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete
NAME SCATURRO, JOSEPH
STREET ADDRESS 880 N.W. 115TH AVE.
CITY-ST-ZIP PLANTATION, FL 33325

TITLE D ☐ Change ☒ Addition
NAME MANNING, DANA
STREET ADDRESS 1524 HIDDEN LANE
CITY-ST-ZIP ANCHORAGE, AK 99501

TITLE D ☐ Delete
NAME SEAMAN, CARL
STREET ADDRESS 63 HUNTING RIDGE RD
CITY-ST-ZIP GREENWICH, CT

TITLE T ☐ Change ☒ Addition
NAME FRANK, JACK, A.
STREET ADDRESS 1958 POLO LAKE DR.
CITY-ST-ZIP WELLINGTON, FL 33411

TITLE DST ☒ Delete
NAME JAMES W BLAKE JR
STREET ADDRESS 2358 SUNDERLAND AVE
CITY-ST-ZIP WELLINGTON, FL

TITLE S ☐ Change ☒ Addition
NAME PERRY, BARBARA J.
STREET ADDRESS 1216 SW 21ST AVE.
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE P ☐ Delete
NAME FENIMORE, ROBERT A
STREET ADDRESS 7311 N.W. 18TH ST., APT. 105
CITY-ST-ZIP MARGATE, FL 33063

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Barbara J. Perry, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-05

561-515-2500

Barbara J. Perry