

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003997

FILED
Feb 21, 2006
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:

6691 NOB HILL ROAD
TAMARAC, FL 33321 US

Current Mailing Address:

P O BOX 9512
LAKE WORTH, FL 334669512 US

New Mailing Address:

P.O. BOX 451719
SUNRISE, FL 33345 US

FEI Number: 59-3191170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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: D () Delete
Name: MANNING, DANE
Address: 1524 HIDDEN LANE
City-St-Zip: ANCHORAGE, AK 99501

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

Title: T () Delete
Name: FRANK, JACK A
Address: 1958 POLO LAKE DR
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: PERRY, BARBARA J
Address: 1216 SW 21ST AVE
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MANNING, DANA
Address: 1524 HIDDEN LANE
City-St-Zip: ANCHORAGE, AK 99501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FRANK, JACK A
Address: 1269 NW 126TH AVENUE
City-St-Zip: SUNRISE, FL 33323

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 Chapter 119, 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: BARBARA J. PERRY

S

02/21/2006

Electronic Signature of Signing Officer or Director

Date