# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 04, 2006**
**Secretary of State**

DOCUMENT# P92000003997

**Entity Name:** SEMINOLE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

6691 NOB HILL ROAD
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 451719
SUNRISE, FL 33345 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 US

**Name and Address of New Registered Agent:**

FENIMORE, ROBERT A
6691 NOB HILL ROAD
TAMARAC, FL 33321 US

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: ROBERT A. FENIMORE 05/04/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete
Name: SCATURRO, JOSEPH
Address: 6691 NOB HILL RD.
City-St-Zip: TAMARAC, FL 333216405

Title: D ( ) Delete
Name: SEAMAN, CARL
Address: 6691 NOB HILL RD.
City-St-Zip: TAMARAC, FL 333216405

Title: D ( ) Delete
Name: MANNING, DANA
Address: 6691 NOB HILL RD.
City-St-Zip: TAMARAC, FL 333216405

Title: P ( ) Delete
Name: FENIMORE, ROBERT A
Address: 6691 NOB HILL RD.
City-St-Zip: TAMARAC, FL 333216405

Title: T ( ) Delete
Name: FRANK, JACK A
Address: 6691 NOB HILL RD.
City-St-Zip: TAMARAC, FL 333216405

Title: S ( ) Delete
Name: PERRY, BARBARA J
Address: 6691 NOB HILL RD.
City-St-Zip: TAMARAC, FL 333216405

**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:

Title: T (X) Change ( ) Addition
Name: SUTTON, RANDY D
Address: 6691 NOB HILL RD.
City-St-Zip: TAMARAC, FL 333216405

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: JOSEPH SCATURRO PRES 05/04/2006
Electronic Signature of Signing Officer or Director Date