

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003997

FILED
Apr 23, 2008
Secretary of State

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
6691 NOB HILL ROAD
TAMARAC, FL 33321 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: DVT () Delete
Name: SUTTON, RANDY
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: S () Delete
Name: MEVORAH, STEVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT FENIMORE

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date