

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90169 016 ***150.00

DOCUMENT # P93000072592																																																																																																																																																					
1. Entity Name SEMINOLE CURBS, INC.																																																																																																																																																					
Principal Place of Business 630 CIDCO RD COCOA, FL 32926			Mailing Address 630 CIDCO RD COCOA, FL 32926 US																																																																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
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Zip		Country		4. FEI Number 59-3209424																																																																																																																																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																	
GOODSON, TOM 630 CIDCO RD COCOA, FL 32926				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;">NAME</td> <td style="width: 40%; padding: 2px; text-align: right;">Delete <input checked="" type="checkbox"/></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 45%; padding: 2px;">NAME</td> <td style="width: 40%; padding: 2px; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">FORTIER, KIM C</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">620 CIDCO RD COCOA, FL 32926</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V</td> <td style="padding: 2px; 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.																																																																																																																																																					
<table style="width:100%;"> <tr> <td style="width: 60%; padding: 5px;"> SIGNATURE </td> <td style="width: 40%; padding: 5px;"> 4/25/06 </td> </tr> <tr> <td style="padding: 5px;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </td> <td style="padding: 5px;"> Date Daytime Phone # </td> </tr> </table>						SIGNATURE	4/25/06	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #																																																																																																																																												
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