2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000023097

Entity Name

SEL PLANTATION DEVELOPMENT NO. 2, INC.



FILED Mar 25, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3718 SANDSPUR LANE NOKOMIS, FL 34275 US

SIGNATURE:

PO BOX 943

275 US OSPREY, FL 34229-0943 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number | Applied For | 65-0753345 | Not Applicable

5. Certificate of Status Desired

02152004

\$8.75 Additional Fee Required

CR2E034 (10/03)

LATTMANN, STEPHEN E 3718 SANDSPUR LANE NOKOMIS, FL 34275

DO NOT WRITE IN THIS SPACE

No Chg-P

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						
			ampaign Financin Contribution.	° 🗆	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PSD LATTMANN, STEPHEN E MR. 3718 SANDSPUR LANE NOKOMIS, FL 34275	CTORS		· ·	"	U00000095892 03/25/04-80007-008 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an endrises, with all other than empowered.						

OFFICER OF DIRECTOR