

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000060451

1. Entity Name
SEMINOLE WOODS RANCH, INC.



**FILED
Mar 23, 2006 8:00 am
Secretary of State**

03-23-2006 90016 032 ***150.00

50004893



01132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3462992	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOYLE, PATRICK W
800 W MORSE BLVD, SUITE 1
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S Delete
NAME BRITTAINE, KRISTAN H
STREET ADDRESS 237 WEST MINNESOTA AVENUE
CITY-ST-ZIP DELAND, FL 32720

TITLE VP Delete
NAME DOYLE, MICHAEL S
STREET ADDRESS PO BOX 681
CITY-ST-ZIP BELLINGHAM, WA 98227

TITLE PT Delete
NAME DOYLE, STEPHEN C
STREET ADDRESS P.O. BOX 1384
CITY-ST-ZIP DELAND, FL 32721

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Stephen C. Doyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06 9175774587