

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000018132

1. Entity Name
SEMINOLE STONEWORKS, INC.



Principal Place of Business
3001 ISOLA BELLA BLVD
MOUNT DORA, FL 32757

Mailing Address
3001 ISOLA BELLA BLVD
MOUNT DORA, FL 32757

FILED
Sep 04, 2008 08:00 AM
Secretary of State



05042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3497608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEWHORTER, CRAIG V
3001 ISOLA BELLA BLVD
MOUNT DORA, FL 32757

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9-1-08

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MEWHORTER, CRAIG V
2001 ISOLA BELLA BLVD
MOUNT DORA, FL 32757

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000959055
09/04/08-80004-009 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-08