


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90004 017 \*\*\*150.00

DOCUMENT # P98000030520  
 1. Entity Name  
 SEMINOLE WIND FISHING, INC.



Principal Place of Business  
 7104 BIG DADDY DR  
 LOT H-4  
 PANAMA CITY BEACH, FL 32407

Mailing Address  
 P.O. BOX 4800  
 P.O. BOX 18728  
 PANAMA CITY BEACH, FL 32417

*7119 Dolphin Bay Blvd.  
 PANAMA CITY BEACH, FL 32409*



04092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3512773

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 STOPKA, ALBERT J III  
 108 MOSLEY DR  
 LYNN HAVEN, FL 32444

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	PST ATNORLD, MARTIN 7105 BIG DADDY LOT H-4 PANAMA CITY, FL 32417 <i>7119 Dolphin Bay Blvd P.C. Beach, FL 32409</i>
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12. I hereby certify that the information supplied with this filing 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 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: *Martin E. Arnald* 4/10/04 850-258-3767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Martin E. Arnald*