

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000060640

1. Entity Name
SEMINOLE PETROLEUM CORP.



Principal Place of Business
**255 CAPRI CIRCLE
#1
TREASURE ISLAND, FL 33706**

Mailing Address
**6625 SEMINOLE BLVD
SEMINOLE, FL 33772**

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3522368 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**RECCA, DENNIS B
255 CAPRI CIRCLE
#1
TREASURE ISLAND, FL 33706**

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RECCA, JANET A 255 CAPRI CIRCLE, UNIT 1 TREASURE ISLAND, FL 33706 |
|--|---|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

**DO NOT WRITE
IN THIS SPACE**

0000056192
08/22/05-30003-001 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/05

Date

727/533-4318

Daytime Phone #