

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90296 032 \*\*\*150.00

DOCUMENT # P98000061311

1. Entity Name  
 SEMINOLE LAKES REALTY, INC.



Principal Place of Business      Mailing Address

100 MADRID BLVD.      100 MADRID BLVD.  
 PUNTA GORDA, FL 33955      PUNTA GORDA, FL 33955

50011493



2. Principal Place of Business      3. Mailing Address

24420 SANDHILL BLVD.      24420 SANDHILL BLVD.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01182006      Chg-P      CR2E034 (11/05)

City & State      City & State

Punta Gorda FL      Punta Gorda FL

Zip      Country      Zip      Country

33983           33983          

4. FEI Number      Applied For

59-3523147      Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, ALFRED M  
 100 MADRID BLVD.  
 PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 24420 SANDHILL BLVD., #103

City      State      Zip Code

Punta Gorda      FL      33983

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 \_\_\_\_\_

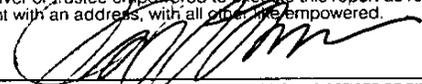
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	24420 SANDHILL BLVD, #103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, ALFRED M	NAME	
STREET ADDRESS	100 MADRID BLVD.	STREET ADDRESS	Punta Gorda, FL 33983
CITY-ST-ZIP	PUNTA GORDA, FL 33955	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	24420 SANDHILL BLVD, #103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, JACK F	NAME	
STREET ADDRESS	5487 BEAUJOLAIS LANE	STREET ADDRESS	Punta Gorda, FL 33983
CITY-ST-ZIP	FT. MYERS, FL 33907	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, the empowered.

SIGNATURE:  JACK STEPHENSON      4/7/2006      (941)766-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #