


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 100 MADRID BLVD. PUNTA GORDA, FL 33955	Mailing Address 100 MADRID BLVD. PUNTA GORDA, FL 33955
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50011493



2. Principal Place of Business 24420 SANDHILL BLVD. Suite, Apt. #, etc. 103	3. Mailing Address 24420 SANDHILL BLVD Suite, Apt. #, etc. 103
City & State Punta Gorda FL	City & State Punta Gorda FL
Zip 33983	Country

01182006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3523147	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNS, ALFRED M 100 MADRID BLVD. PUNTA GORDA, FL 33955	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24420 SANDHILL BLVD., #103 City Punta Gorda FL Zip Code 33983	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK STEPHENSON

4/7/2006 (941)766-8028

Date

Daytime Phone #