2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90112 002 ***150.00

DOCUMENT # P98000089454

1. Entity Name
SEMINOLE PROPERTIES, INC.

Principal Place of Business	Mailing Address
1910 S. TAMIAMI TR. VENICE FL 34293	P.O. BOX 700 OSPREY FL 34229 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
641 N. TAMIAMI TRAIL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis, FL	City & State
Zip: 34275 · Country: SARASOTA	Zip · Country

4. FEI Number 65-0872269 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTELL, ROBERT
1910 S. TAMIAMI TR.
VENICE FL 34293

7. Name and Address of New Registered Agent

Name: MARTELL, ROBERT
Street Address (P.O. Box Number is Not Acceptable): 641 N. TAMIAMI TRAIL
City: Nokomis FL Zip Code: 34275

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: Robert Martell ROBERT MARTELL D — DATE: 4-8-08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MARTELL, ROBERT	
STREET ADDRESS	1910 S. TAMIAMI TR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	MARTELL, ROBERT	
STREET ADDRESS	641 N. TAMIAMI TRAIL	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert Martell ROBERT MARTELL — 4-8-08 — 941-493-0143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #