


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000096399	
1. Entity Name SEMINOLE MALL OFFICE CENTER, INC.	

Principal Place of Business 3001 EXECUTIVE DR SUITE 250 CLEARWATER, FL 33762-5324	Mailing Address 3001 EXECUTIVE DRIVE SUITE 250 CLEARWATER, FL 33762-5324
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSS, ELLIOTT M 3001 EXECUTIVE DR, SUITE 250 CLEARWATER, FL 33762-5324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

1100000556393
05/17/06-80006-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSS, ELLIOTT M 3001 EXECUTIVE DR., SUITE 250 CLEARWATER, FL 337625324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, RONALD G 3001 EXECUTIVE DR., SUITE 250 CLEARWATER, FL 337625324
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

SIGNATURE:  **Elliott M. Ross, Pres.** 4-18-06 727-725-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #