2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S11402

1. Entity Name
SEMINOLE LAND CO.

Principal Place of Business	Mailing Address
P.O. BOX 1177 OKEECHOBEE, FL 34973	P.O. BOX 1177 OKEECHOBEE, FL 34973

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0235538	Not Applicable

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

6. Name and Address of Current Registered Agent

WALPOLE, EDWIN E., III
269 NW 9TH STREET
OKEECHOBEE, FL 34972

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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
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 After May 1, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WALPOLE, EDWIN E III
STREET ADDRESS	269 NW 9TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	VP
NAME	WALPOLE, JAY
STREET ADDRESS	2595 NW 8ST
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	ST
NAME	WALPOLE, KEITH A
STREET ADDRESS	269 NW 9TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34972

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02/26/08-80074-017 150.00

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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: _____   2-4-08   863-763-5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Edwin E. Walpole III