

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S11402

Entity Name: SEMINOLE LAND CO.

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

SW MARTIN COUNTY HIGHWAY  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1177  
OKEECHOBEE, FL 34973

**New Mailing Address:**

FEI Number: 65-0235538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALPOLE, EDWIN E III  
Address: 269 NW 9TH ST  
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP  
Name: WALPOLE, JAY  
Address: 2595 NW 8ST  
City-St-Zip: OKEECHOBEE, FL

Title: ST  
Name: WALPOLE, KEITH A  
Address: 269 NW 9TH ST  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH WALPOLE

ST

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date