2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) Apr 07, 2004 8:00 am Secretary of State DOCUMENT # J67891 1. Entity Name 04-07-2004 90022 020 ***150.00 FOUR SEASONS S. W. INC Principal Place of Business Mailing Address % BARBARA J. HOFFMANN % BARBARA J. HOFFMANN 94046531 2108 S. W. 5TH AVE. CAPE CORAL FL 33991 2108 S. W. 5TH AVE. CAPE CORAL FL 33991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2805849 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMANN, BARBARA J. Street Address (P.O. Box Number is Not Acceptable) 2108 S. W. 5TH AVE. CAPE CORAL FL City Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition HOFFMANN, DAVID C. NAME NAME 2108 S. W. 5TH AVE. STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-7IP CITY-ST-ZIP STD ☐ Change TITLE ☐ Delete TITLE Addition HOFFMANN, BARBARA J. NAME NAME STREET ADDRESS 2108 S. W. 5TH AVE. STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP VD TITLE Detete TITLE ☐ Change □ Addition NAME WASHINGTON, DANIEL J. NAME.-STREET ADDRESS 2710 SW 39TH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL TITLE ☐ Delete TITLE ☐ Change Addition WASHINGTON, JOY L. 2710 SW 39TH TERR. STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TWEED OR PRINCESSAME OF SIGNING OFFICER OR DIRECTOR

4-05-2004

239.574.7460

FILED

Daytime Phone #