

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # J67891	
1. Entity Name FOUR SEASONS S. W. INC	
Principal Place of Business % BARBARA J. HOFFMANN 2108 S. W. 5TH AVE. CAPE CORAL, FL 33991	Mailing Address % BARBARA J. HOFFMANN 2108 S. W. 5TH AVE. CAPE CORAL, FL 33991



03052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2805849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOFFMANN, BARBARA J.
2108 S. W. 5TH AVE.
CAPE CORAL, FL**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	1100000280856 03/30/05-80025-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMANN, DAVID C. 2108 S. W. 5TH AVE. CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOFFMANN, BARBARA J. 2108 S. W. 5TH AVE. CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASHINGTON, DANIEL J. 2710 SW 39TH TERR. CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, JOY L. 2710 SW 39TH TERR. CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

SIGNATURE: *Barbara J. Hoffmann STD* **3-28-05 239-574-7460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BARBARA J. HOFFMANN