


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J67891</b> 1. Entity Name <b>FOUR SEASONS S. W. INC</b>	
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Principal Place of Business <b>% BARBARA J. HOFFMANN 2108 S. W. 5TH AVE. CAPE CORAL, FL 33991</b>	Mailing Address <b>% BARBARA J. HOFFMANN 2108 S. W. 5TH AVE. CAPE CORAL, FL 33991</b>
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04122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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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U00000711105  
 04/25/07-80068-025 150.00

**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:** *Barbara J. Hoffmann* **STD** **4-13-07** **(239)574-7460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #