


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90041 024 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
HOFFMANN, BARBARA J. 2108 S. W. 5TH AVE. CAPE CORAL, FL			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMANN, DAVID C.	NAME			
STREET ADDRESS	2108 S. W. 5TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMANN, BARBARA J.	NAME			
STREET ADDRESS	2108 S. W. 5TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WASHINGTON, DANIEL J.	NAME			
STREET ADDRESS	2710 SW 39TH TERR.	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WASHINGTON, JOY L.	NAME	D HOFFMANN, JOY L.		
STREET ADDRESS	2710 SW 39TH TERR.	STREET ADDRESS	2108 S.W. 5TH AVE.		
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP	CAPE CORAL, FL 33991		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Barbara J. Hoffmann STD</u> 4-07-08 (239) 574-7460					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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