

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67891

FILED
Mar 31, 2010
Secretary of State

Entity Name: FOUR SEASONS S. W. INC

Current Principal Place of Business:

% BARBARA J. HOFFMANN
2108 S. W. 5TH AVE.
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

% BARBARA J. HOFFMANN
2108 S. W. 5TH AVE.
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 59-2805849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMANN, BARBARA J.
2108 S. W. 5TH AVE.
CAPE CORAL, FL 33991 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: HOFFMANN, DAVID C.
Address: 2108 S. W. 5TH AVE.
City-St-Zip: CAPE CORAL, FL 33991 US

Title: STD
Name: HOFFMANN, BARBARA J.
Address: 2108 S. W. 5TH AVE.
City-St-Zip: CAPE CORAL, FL 33991 US

Title: VD
Name: WASHINGTON, DANIEL J.
Address: 226 NW 25TH AVE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: D
Name: VALENTE, JOY L
Address: 3118 SE 8TH AVE
City-St-Zip: CAPE CORAL, FL 33904 US

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: BARBARA J. HOFFMANN

STD

03/31/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date