

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90003 021 ***150.00

DOCUMENT # P03000152613

1. Entity Name
FOUR SEASONS MAINTENANCE SERVICES, INC.




Principal Place of Business Mailing Address
719 OAKLANDO DR **719 OAKLANDO DR**
ALTAMONTE SPRINGS, FL 32714 **ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business (No P.O. Box #) 3. Mailing Address
551 FIR COURT **551 FIR COURT**
 Suite, Act. #, etc. Suite, Act. #, etc.
Altamonte Springs Fl **Altamonte Springs Fl**

City & State City & State
Altamonte Springs Fl **Altamonte Springs Fl**

Zip Country Zip Country
32714 **Seminole** **32714** **Seminole**



08112008 Chg-P CR2E034 (12/06)

4. FCI Number App. Fee For
20-0492860 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PEREZ, BYRON B
719 OAKLANDO DR
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers Not Acceptable)
551 FIR COURT
 City State Zip Code
Altamonte Springs **FL** **32714**

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, the registered agent.

SIGNATURE: *Byron B. Perez* 8.11.08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PEREZ, BYRON B	719 OAKLANDO DR	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
VP	BARILLAS, ANA P	719 OAKLANDO DR	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
VP	VICTORIANO, ISAIAS	717 HILLVIEW DR	ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P		551 Fir Court	Altamonte Springs Fl 32714	<input type="checkbox"/>	<input type="checkbox"/>
VP		551 Fir Court	Altamonte Springs Fl 32714	<input type="checkbox"/>	<input type="checkbox"/>
ST	Byron Perez	551 Fir Court	Altamonte Springs Fl 32714	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 requirements.

SIGNATURE: *Byron B. Perez* 8.11.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #