

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032903

Entity Name: 4 ALL SEASONS, INC

FILED  
May 03, 2010  
Secretary of State

**Current Principal Place of Business:**

171 LONGVIEW AVENUE  
CELEBRATION, FL 347475037

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 470511  
CELEBRATION, FL 347470511

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENS, GARRISON S  
171 LONGVIEW AVENUE  
CELEBRATION, FL 347475037 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: CAMPBELL, KRISTINA L  
Address: 10719 LAKE RALPH DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: PD  
Name: STEVENS, GARRISON  
Address: 1711 LONGVIEW AVE  
City-St-Zip: CELEBRATION, FL 34747

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: GARRISON S STEVENS

P

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date