

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000130827

**Entity Name:** 4 SEASONS TRANSPORT, INC.

**Current Principal Place of Business:**

9323 27TH AVE EAST  
PALMETTO, FL 34221

**Current Mailing Address:**

P.O. BOX 572  
PARRISH, FL 34219 US

**FEI Number:** 20-5735141

**Certificate of Status Desired:** Yes

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

LEAL, MARTHA P  
9323 27TH AVE EAST  
PALMETTO, FL 34221 US

*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

**Officer/Director Detail :**

Title OP  
Name LEAL, MARTHA P  
Address 9323 27TH AVE EAST  
City-State-Zip: PALMETTO FL 34221

Title OV  
Name LEAL, SANTIAGO  
Address 9323 27TH AVE EAST  
City-State-Zip: PALMETTO FL 34221

Title S  
Name LEAL, SANTIAGO  
Address P.O. BOX 572  
City-State-Zip: PARRISH FL 34219

Title T  
Name LEAL, MARTHA P  
Address P.O. BOX 572  
City-State-Zip: PARRISH FL 34219

*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:** MARTHA P LEAL

**PRESIDENT**

**04/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date