2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 495825

1. Entity Name
FOUR SEASONS REALTY, INC.

Principal Place of Business
501 MARY ESTHER CUT-OFF STE 8
FT. WALTON BCH, FL 32548

Mailing Address
501 MARY ESTHER CUT-OFF STE 8
FT. WALTON BCH, FL 32548

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1646838
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHOR, INDIA L.
501 MARY ESTHER CUT-OFF, STE 8
FT. WALTON BEACH, FL 32548

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHOR, INDIA L
STREET ADDRESS	501 MARY ESTHER CUT-OFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	ST
NAME	SCHOR, INDIA L
STREET ADDRESS	501 MARY ESTHER CUT-OFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	V
NAME	MCKEE, MICHAEL S
STREET ADDRESS	501 MARY ESTHER CUTOFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	V
NAME	BAINBRIDGE, WALTER C
STREET ADDRESS	501 MARY ESTHER CUTOFF SUITE 8
CITY-ST-ZIP	FT WALTON BCH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/08-80106-017 150.00

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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: _____ 1/8/08 850-243-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #