2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# G01464

Entity Name: THREE SEASONS CORPORATION

Current Principal Place of Business:

8014 SW 135TH ST RD
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

8014 SW 135TH ST RD
STE 700
OCALA, FL 34473 US

New Mailing Address:

8014 SW 135TH ST RD
OCALA, FL 34473 US

FEI Number: 59-2222680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMMERHIELM, SHARON J
999 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 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 ( ) Delete
Name: GRAM, ANTONY
Address: 8014 SW 135 ST RD
City-St-Zip: OCALA, FL 34473

Title: VSD ( ) Delete
Name: HUMMERHIELM, SHARON
Address: 999 BRICKELL AVENUE STE 700
City-St-Zip: MIAMI, FL 33131

Title: AS ( ) Delete
Name: FISHER, BETH
Address: 8014 SW 135 ST RD
City-St-Zip: OCALA, FL 34473

Title: TD ( ) Delete
Name: MOORE, ROBERT
Address: 8014 SW 135 STREET ROAD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON HUMMERHIELM VSD 01/17/2005

Electronic Signature of Signing Officer or Director Date