

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92873

Entity Name: SEASONSHIELD, INC.

FILED
Mar 25, 2005
Secretary of State

Current Principal Place of Business:

C/O WILLIAM J. GILL
355 CENTER CT
VENICE, FL 34292

New Principal Place of Business:

SEASONSHIELD, INC
401 HARBOR ISLES BLVD
KLAMATH FALLS, OR 97601

Current Mailing Address:

C/O WILLIAM J. GILL
355 CENTER CT
VENICE, FL 34292

New Mailing Address:

SEASONSHIELD, INC
401 HARBOR ISLES BLVD
KLAMATH FALLS, OR 97601

FEI Number: 59-2610530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILL, WILLIAM J.
355 CENTER COURT
VENICE, FL 34292 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: KATHLEEN GARIEPY

03/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCS () Delete
Name: GILL, WILLIAM J.,
Address: 355 CENTER CT
City-St-Zip: VENICE, FL

Title: VAS () Delete
Name: GILL, SARA S.,
Address: 355 CENTER CT
City-St-Zip: VENICE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: WENDT, R C P,D
Address: 3250 LAKEPORT BLVD
City-St-Zip: KLAMATH FALLS, OR 97601

Title: VP,D (X) Change () Addition
Name: HOMIRIGHAUS, B VP,D
Address: 3250 LAKEPORT BLVD
City-St-Zip: KLAMATH FALLS, OR 97601

Title: VP,D () Change (X) Addition
Name: KINTZINGER, D P VP,D
Address: 3250 LAKEPORT BLVD
City-St-Zip: KLAMATH FALLS, OR 97601

Title: T () Change (X) Addition
Name: HOGGARTH, K E T
Address: 401 HARBOR ISLES BLVD
City-St-Zip: KLAMATH FALLS, OR 97601

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: K E HOGGARTH

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03/25/2005

Electronic Signature of Signing Officer or Director

Date