2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2008
Secretary of State

DOCUMENT# P00000058093

Entity Name: FOUR SEASONS INSURANCE, INC.

Current Principal Place of Business:

3105 NORTH PACE BLVD
PENSACOLA, FL 32505

New Principal Place of Business:

200 NORTH OLD CORRY FIELD ROAD
PENSACOLA, FL 32506

Current Mailing Address:

200 NORTH OLD CORRY FIELD ROAD
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-3655148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAINWRIGHT, OUIDA G
3105 NORTH PACE BLVD
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

WAINWRIGHT, OUIDA G
200 NORTH OLD CORRY FIELD ROAD
PENSACOLA, FL 32506 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: OUIDA G WAINWRIGHT 04/12/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WAINWRIGHT, OUIDA G
Address: 7985 N. GRAVES ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OUIDA G WAINWRIGHT P 04/12/2008
Electronic Signature of Signing Officer or Director Date