2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P02000033634

Entity Name: FOUR SEASONS TAX SERVICE, INC.

Current Principal Place of Business:

200 N OLD CORRY FIELD ROAD
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

200 N OLD CORRY FIELD ROAD
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 01-0604936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLALOCK, PATE
200 N OLD CORRY FIELD ROAD
PENSACOLA, FL 32506 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: P ( ) Delete
Name: BLALOCK, PATE T III
Address: 224 E GARDEN ST UNIT 428
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete
Name: WAINWRIGHT, GAIL
Address: 7985 GRAVES ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PATE BLALOCK PRES 04/14/2009
Electronic Signature of Signing Officer or Director — Date