

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90031 002 ***150.00

DOCUMENT # P03000034926 1. Entity Name SOUTHERN SEASONS, INC.			
Principal Place of Business 1725 N 50 ST TAMPA, FL		Mailing Address 1725 N 50 ST TAMPA, FL	
2. Principal Place of Business 1725 N 50TH STREET		3. Mailing Address 1725 N 50TH STREET	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip HILLSBOROUGH		Zip HILLSBOROUGH	
4. FEI Number 		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLB, BRANDON L ESQ 105-F DUNBAR AVE OLDSMAT, FL 34677		7. Name and Address of New Registered Agent Name KATHLEEN EDWARDS Street Address (P.O. Box Number is Not Acceptable) 1725 50TH STREET City TAMPA, FL Zip Code FL	
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: <u><i>Kathleen K Edwards</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME JANNETTE, NICK STREET ADDRESS 1725 N 50 ST CITY-ST-ZIP TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE P NAME KATHLEEN EDWARDS STREET ADDRESS 1725 50TH STREET CITY-ST-ZIP TAMPA, FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KASS, ANDREA STREET ADDRESS 1410 COMMERCE BLVD CITY-ST-ZIP BRADENTON, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Kathleen K Edwards</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>3/12/04</i></u> Daytime Phone # _____	