

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 043 ***150.00

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02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1725474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # P04000081258
 1. Entity Name
 FOUR SEASONS OUTDOOR SERVICES, INC.



Principal Place of Business 7397 PROSPERITY PARK ROAD N JACKSONVILLE, FL 32244	Mailing Address 7397 PROSPERITY PARK ROAD N JACKSONVILLE, FL 32244
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MORGAN, GREGORY
 7397 PROSPERITY PARK ROAD N
 JACKSONVILLE, FL 32244

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, GREGORY 7397 PROSPERITY PARK ROAD D JACKSONVILLE, FL 32244
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gregory Morgan* 4/7/06 (904) 608-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #