

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Jan 23 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000134246

1. Entity Name  
HOUSE OF SEASONS, INC.



Principal Place of Business  
781 WILSON AVENUE  
FORT MYERS, FL 33919

Mailing Address  
781 WILSON AVENUE  
FORT MYERS, FL 33919



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1665614  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
#204  
FORT MYERS, FL 33919

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.P  
DEMMONS, ERIC E  
781 WILSON AVENUE  
FORT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
DEMMONS, CATHY A  
781 WILSON AVENUE  
FORT MYERS, FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000398085  
01/30/06-80078-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Eric E. Demmons 1/18/06 349-0850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #