

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000006354

1. Entity Name
FOUR SEASONS PROFESSIONAL SERVICES CORP.



Principal Place of Business
**11109 LAKELAND CIRCLE
FORT MYERS, FL 33913**

Mailing Address
**11109 LAKELAND CIRCLE
FORT MYERS, FL 33913**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3804722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLAUS, JOHN
11109 LAKELAND CIRCLE
FORT MYERS, FL 33913**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAUS, JOHN
STREET ADDRESS	11109 LAKELAND CIRCLE
CITY- ST- ZIP	FORT MYERS, FL 33913
TITLE	VD
NAME	CLAUS, CYNTHIA
STREET ADDRESS	11109 LAKELAND CIRCLE
CITY- ST- ZIP	FORT MYERS, FL 33913
TITLE	T
NAME	CLAUS, JOHN
STREET ADDRESS	11109 LAKELAND CIRCLE
CITY- ST- ZIP	FORT MYERS, FL 33913
TITLE	S
NAME	CLAUS, CYNTHIA
STREET ADDRESS	11109 LAKELAND CIRCLE
CITY- ST- ZIP	FORT MYERS, FL 33913
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/20/07-80162-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Claus

Date

Daytime Phone #

4/1/07 239-989-3574