

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90297 043 ***150.00

DOCUMENT # P05000010647

1. Entity Name
SEASONAL RESOURCES INC



Principal Place of Business
**532 CROOKED STICK
DAYTONA BEACH, FL 32114**

Mailing Address
**532 CROOKED STICK
DAYTONA BEACH, FL 32114**

50011532

2. Principal Place of Business
4 PADDOCK CT.
Suite, Apt. #, etc.

3. Mailing Address
4 PADDOCK CT.
Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State
DAYTONA BEACH FL
Zip **32119** Country **VOLUSIA**

City & State
DAYTONA BEACH FL
Zip **32119** Country **VOLUSIA**

4. FEI Number
20-2192627 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBAUS, SUSAN
532 CROOKED STICK
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4 PADDOCK CT.
City **DAYTONA BEACH FL** Zip Code **32119**

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, 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
**PRES
ROBAUS, SUSAN
532 CROOKED STICK
DAYTONA BEACH, FL 32114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4 PADDOCK CT.
DAYTONA BEACH FL 32119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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:

Susan Robaus

SUSAN ROBAUS

4-10-06 (386) 767-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #