FILED
Jun 16, 2006 8:00 am
Secretary of State
04-28-2006 90148 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/28

DOCUMENT # P05000013576

1. Entity Name
FOUR SEASONS HOMES, INC.

Principal Place of Business	Mailing Address
311 CAROLINA AVENUE LYNN HAVEN FL 32444 US	311 CAROLINA AVENUE LYNN HAVEN FL 32444 US

66019461

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 72-1593903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWCOMB, TERRI M 311 CAROLINA AVENUE LYNN HAVEN FL 32444	Name: FREEMAN J. COOK Street Address (P.O. Box Number is Not Acceptable): 188 CHRISTY LANE City: GRACEVILLE FL Zip Code: 32440

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: Freeman J Cook
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'NEIL, LARRY 4248-A RAZOR BACK ROAD CHIPLEY FL 32428	☒ Delete	P FREEMAN J. COOK 188 CHRISTY LANE GRACEVILLE FL 32440	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICHTER, GERALD 1371 FALLING WATERS ROAD CHIPLEY FL 32429	☒ Delete	NONE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COOK, FREEMAN 188 CHRISTY LANE GRACEVILLE FL 32440	☐ Delete	NONE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NEWCOMB, TERRI 311 CAROLINA AVENUE LYNN HAVEN FL 32444	☒ Delete	S BARBARA J. COOK 188 CHRISTY LANE GRACEVILLE FL 32440	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Freeman J Cook 3-14-06 850-638-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

166019461

P05000135776

This letter was not mailed from your office until 5/22/06. It was mailed to old address we received it on 6-12-06. Contacted your office on 6-13-06.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

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