

FILED
Jun 16, 2006 8:00 am
Secretary of State

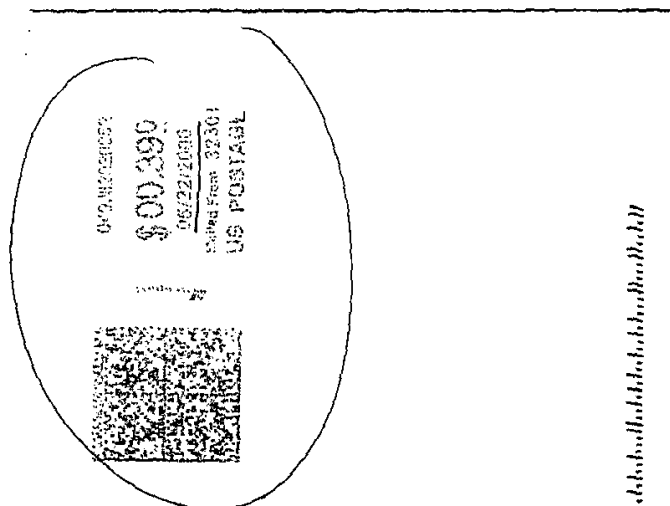
04-28-2006 90148 016 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

4/28

DOCUMENT # P05000013576			
1. Entry Name FOUR SEASONS HOMES, INC.			
Principal Place of Business 311 CAROLINA AVENUE LYNN HAVEN FL 32444 US		Mailing Address 311 CAROLINA AVENUE LYNN HAVEN FL 32444 US	
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 NEWCOMB, TERRI M 311 CAROLINA AVENUE LYNN HAVEN FL 32444		7. Name and Address of New Registered Agent 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 entry 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: <i>Freeman J. Cook</i> (NOTE: Registered Agent's name and address required when registering) 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-STATE-ZIP	P O'NEIL, LARRY 4248-A RAZOR BACK ROAD CHIPLEY FL 32428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FREEMAN J. COOK 188 CHRISTY LANE GRACEVILLE FL 32440 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP RICHTER, GERALD 1371 FALLING WATERS ROAD CHIPLEY FL 32428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	NONE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T COOK, FREEMAN 188 CHRISTY LANE GRACEVILLE FL 32440 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	NONE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S NEWCOMB, TERRI 311 CAROLINA AVENUE LYNN HAVEN FL 32444 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BARBARA J. COOK 188 CHRISTY LANE GRACEVILLE FL 32440 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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: <i>Freeman J. Cook</i>		3-14-06 850-638-7700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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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.

1. *Pharmaceutical industry*

32444+1242-11 0001



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

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