

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073811

FILED  
Aug 01, 2006  
Secretary of State

**Entity Name:** FOUR SEASONS TRANSPORTATION AND TOWING INC.

**Current Principal Place of Business:**

11510 E. MANDARIN WOODS DR.  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11510 E. MANDARIN WOODS DR.  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 20-2870008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOHSE, KEVIN  
11510 E. MANDARIN WOODS DR.  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

LOHSE, KEVIN J  
11510 E. MANDARIN WOODS DR.  
JACKSONVILLE, FL 32223 US

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.

SIGNATURE: KEVIN J LOHSE

08/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOHSE, KEVIN  
Address: 11510 E. MANDARIN WOODS DR. EAST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: LOHSE, SHELIA  
Address: 11510 E. MANDARIN WOODS DR  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN J LOHSE

P

08/01/2006

Electronic Signature of Signing Officer or Director

Date