

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000126549

FILED
Oct 05, 2006
Secretary of State

Entity Name: A SEASONS MOVING & STORAGE, INC.

Current Principal Place of Business:

1140 SADDLE RUN
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

707 SAMMS AVE
PORT ORANGE, FL 32129

Current Mailing Address:

1140 SADDLE RUN
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

707 SAMMS AVE
PORT ORANGE, FL 32129

FEI Number: 20-3458106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, EDWARD
1140 SADDLE RUN
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: EDWARD WINTERS

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: WINTERS, EDWARD
Address: 1140 SADDLE RUN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V () Delete
Name: LEE, DONNA
Address: 3749 ATRIUM DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: T () Delete
Name: WINTERS, BEA
Address: 1140 SADDLE RUN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WINTERS, EDWARD
Address: 1140 SADDLE RUN RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V (X) Change () Addition
Name: WINTERS, BEA
Address: 1140 SADDLE RUN RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: S () Change (X) Addition
Name: MATTESON, MICHAEL
Address: 1950 SUGAR TREE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: EDWARD WINTERS

Electronic Signature of Signing Officer or Director

PRES

10/05/2006

Date