

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000126549

FILED  
Aug 26, 2009  
Secretary of State

Entity Name: A SEASONS MOVING & STORAGE, INC.

## Current Principal Place of Business:

707 SAMMS AVE  
PORT ORANGE, FL 32129

## New Principal Place of Business:

2090 S. NOVA ROAD  
SUITE 01  
DAYTONA BEACH, FL 32119

## Current Mailing Address:

707 SAMMS AVE  
PORT ORANGE, FL 32129

## New Mailing Address:

2090 S. NOVA ROAD  
SUITE 01  
DAYTONA BEACH, FL 32119

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: KRONENBERG, CHRISTINE  
Address: 527 VENETIAN VILLA ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: ST (X) Delete  
Name: HIRRELL, JUDY F  
Address: 1233 S. ATLANTIC AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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

D

08/26/2009

Electronic Signature of Signing Officer or Director

Date