

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135080

FILED
Apr 24, 2008
Secretary of State

Entity Name: SEASONS DISTRIBUTING, INC

Current Principal Place of Business:

934 PARK VALLEY CIRCLE
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

934 PARK VALLEY CIRCLE
MINNEOLA, FL 34715 US

New Mailing Address:

FEI Number: 26-1624538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOTLER, LAURA
934 PARK VALLEY CIRCLE
MINNEOLA, FL 34715 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOTLER, LAURA
Address: 934 PARK VALLEY CIRCLE
City-St-Zip: MINNEOLA, FL 34715 US

Title: VP () Delete
Name: UTECHT, ALICIA
Address: 1849 SUMMIT OAKS CIRCLE
City-St-Zip: MINNEOLA, FL 34715 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: UTECHT, ALICIA
Address: 1416 WINDY BLUFF DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

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: LAURA STOTLER

MRS

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date