2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000004512

1. Entity Name
SEASONS FARM, INC.

Principal Place of Business	Mailing Address
3185 S CONWAY RD STE E ORLANDO, FL 32812 US	3185 S CONWAY RD STE E ORLANDO, FL 32812 US

02082006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3289819
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, C. VICTOR JR.
3185 S CONWAY RD
STE E
ORLANDO, FL 32812

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUTLER, C. VICTOR
STREET ADDRESS	3185 S CONWAY RD, STE E
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	DS
NAME	BUTLER, DENEECE
STREET ADDRESS	D3185 S CONWAY RD, STE E
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	VP
NAME	FILLEY, MICHAEL
STREET ADDRESS	211 MICHAEL RD
CITY-ST-ZIP	TRADE, TN 37691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: C Victor Butler Jr. 2/8/06 (407)381-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #