

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 3185 S CONWAY RD STE E ORLANDO, FL 32812 US	Mailing Address 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
--

DO NOT WRITE IN THIS SPACE

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

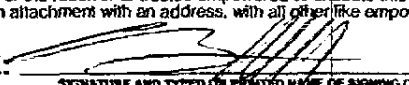
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTLER, C. VICTOR 3185 S CONWAY RD, STE E ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUTLER, DENECE D3185 S CONWAY RD, STE E ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FILLE, MICHAEL 211 MICHAEL RD TRADE, TN 37691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000431211
02/23/06 80020-007 150.00

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 #
---	---	---------------------	--------------------------------