


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 A**  
**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
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01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3289819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

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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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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, DENEEOE D3185 S CONWAY RD, STE E ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FILLEY, 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	

000000688399  
03/27/07-80029-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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. 3/14/07 (407) 381-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #