

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3289819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000780912
01/15/08-80013-017 150.00

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, DENECE
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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Victor Butler, Jr

Date

Daytime Phone

1/11/08 (407) 381-5200