


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 APR 27 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | |
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| DOCUMENT # P95000047625 1. Entity Name SEASONS NORTH, INC. |  |
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| Principal Place of Business 1951 NORTH MERIDIAN RD., APT. #65 TALLAHASSEE FL 32303 | Mailing Address 1951 NORTH MERIDIAN RD., APT. #65 TALLAHASSEE FL 32303 |
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| 2. Principal Place of Business 1951 N. Meridian Rd Suite, Apt. #, etc. #65 | 3. Mailing Address 1951 N. Meridian Rd Suite, Apt. #, etc. Apt # 65 |
|---|--|



MOORE CR2E034 (11/03)

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|----------------------------------|----------------------------------|-----------------------------|-------------------------------|
| City & State Tallahassee, Fla | City & State Tallahassee, Fla | 4. FEI Number 59-3320981 | Applied For Not Applicable |
| Zip 32303 | Country USA | Zip 32303 | Country USA |

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

SACKETT, VALERIE J
1951 NORTH MERIDIAN RD., APT. #65
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | PST SACKETT, VALERIE J 1951 NORTH MERIDIAN RD., APT. #65 TALLAHASSEE FL 32303 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100035762371 05/07/04--01071--012 **158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Valerie J. Sackett 4-27-04 (850) 386-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #