


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000008839


1. Entity Name
FOUR SEASONS PUBLISHERS INC.



Principal Place of Business Mailing Address

4350 NORTH US HIGHWAY 1 176 FAIRVIEW AVE
 COCOA, FL 32927 COCOA, FL 32927

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3430640	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

HUDAK, DEBORAH L
 176 FAIRVIEW AVE
 COCOA, FL 32927

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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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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	ST HUDAK, FRANK 176 FAIRVIEW AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDAK, DEBORAH L 176 FAIRVIEW AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELINA, BRUCE 180 FAIRVIEW AVE COCOA, FL 32927
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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 06/26/06-80002-015 550.00

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 lists empowered.

SIGNATURE: _____ **6-23-06** **321 632-2932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #