

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90461 015 ***150.00

DOCUMENT # P97000002422

1. Entity Name
A SECOND SEASON INC.



Principal Place of Business
12189 U. S. HWY #1
NORTH PALM BEACH, FL 33408 US

Mailing Address
6618 SOUTH PINE COURT
PALM BEACH GARDENS, FL 33410

24073891



2. Principal Place of Business
6618 SOUTH PINE COURT
Suite, Apt. #, etc.

3. Mailing Address
6618 SOUTH PINE COURT
Suite, Apt. #, etc.

01282004 Chg-P CR2E034 (10/03)

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

4. FEI Number
65-0760107

Applied For
Not Applicable

Zip Country
33418 -USA

Zip Country
33418 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIGHTMAN, M. B. A. H
2700 PGA BLVD
STE 201B
PALM BEACH GARDENS, FL 33410

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

430.04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OCHAR, DONALD
STREET ADDRESS 6618 SOUTH PINE COURT
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME OCHAR, ELLIE
STREET ADDRESS 6618 SOUTH PINE COURT
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] PRESIDENT

1/29/04

Date

(561) 512 5700

Daytime Phone #