

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075217

FILED
May 29, 2008
Secretary of State

Entity Name: FOUR SEASONS SERVICES INC.

Current Principal Place of Business:

405 12TH STREET SW
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

P O BOX 651305
VERO BEACH, FL 32965

New Mailing Address:

FEI Number: 65-0789381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAINS, DEBORAH A
405 12TH ST SW
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: MAINS, JOEL
Address: 405 12TH ST SW
City-St-Zip: VERO BCH, FL 32962

Title: ST () Delete
Name: MAINS, DEBORAH
Address: 405 12TH ST SW
City-St-Zip: VERO BCH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH MAINS

ST

05/29/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date