

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000052737	
1. Entity Name FOUR SEASONS OUTFITTERS, INC.	
Principal Place of Business 1373 NO. KILLIAN DR. LAKE PARK, FL 33403	Mailing Address 1373 NO. KILLIAN DR. LAKE PARK, FL 33403



DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0945469	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

SAYRE, SHELLEY
1373 N KILLIAN DRIVE
WEST PALM BEACH, FL 33403

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1100000295386

04/09/05-80027-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D SAYRE, SHELLEY 12737 189TH COURT NORTH JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY ST ZIP	D SAYRE, NORMAN 12737 189TH COURT NORTH JUPITER, FL 33478
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHK

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