

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 516550	
1. Entity Name ALL SEASONS SERVICES, INC.	



Principal Place of Business 3600 HACIENDA BLVD G DAVIE, FL 33314 US	Mailing Address 3600 HACIENDA BLVD G DAVIE, FL 33314 US
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1724810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, ROBERT
3801 N. E. 207TH STREET, #1403
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U000000193266
01/25/05-80053-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ROBERT 3801 N E 207TH ST, #1403 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CAROLE 3801 NE 207TH ST, #1403 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, LEE 9624 SOUTHERN PINES CT DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, JANE 3801 NE 207TH ST, #1403 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Robert Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

954-5835208

Date

Daytime Phone #