


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 537540	
1. Entity Name 4 SEASONS AIR CONDITIONING & HEATING, INC.	

Principal Place of Business 7110 OVERLAND RD. ORLANDO, FL 32810 US	Mailing Address P. O. BOX 607903 ORLANDO, FL 32860-7903 US
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DO NOT WRITE IN THIS SPACE



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1746775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**HASTINGS, BRIAN K
7110 OVERLAND RD
ORLANDO, FL 32810**

**DO NOT WRITE
IN THIS SPACE**

9. 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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000480226 04/18/06-80046-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HASTINGS, BRIAN K 7110 OVERLAND RD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HASTINGS, NANCY R. 7110 OVERLAND RD ORLANDO, FL 32810
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 507, 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: Brian Hastings **Pres. Brian Hastings** 3/30/06 407.295-9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #