

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001796

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** ALL SEASONS TRAVEL AND RESORT, INC.

**Current Principal Place of Business:**

1155 HAMMOND DR, NE  
SUITE C-13  
ATLANTA, GA 30328

**New Principal Place of Business:**

**Current Mailing Address:**

1155 HAMMOND DR, NE  
SUITE C-13  
ATLANTA, GA 30328

**New Mailing Address:**

3550 BUSCHWOOD PARK DRIVE  
SUITE 295  
TAMPA, FL 33618

**FEI Number:** 01-0636664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FLYNN, LAWRENCE  
Address: 140 HAMMOND DR, S-A1110  
City-St-Zip: DUNWOODY, GA 30325

Title: VP ( ) Delete  
Name: FLYNN, DESLYN  
Address: 140 HAMMOND DR, S-A1110  
City-St-Zip: DUNWOODY, GA 30325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: FLYNN, LAWRENCE  
Address: 3550 BUSCHWOOD PARK DRIVE SUITE 295  
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change ( ) Addition  
Name: FLYNN, DESLYN  
Address: 3550 BUSCHWOOD PARK DR SUITE 295  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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:** LAWRENCE FLYNN

**PRES**

**02/07/2006**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date