


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90068 030 \*\*\*150.00

<b>DOCUMENT # L68585</b>		
1. Entity Name <b>SERVICE BY ALL SEASONS, INC.</b>		

Principal Place of Business <b>89 E. BLOUNT STREET PENSACOLA, FL 32501 US</b>	Mailing Address <b>PO BOX 13469 PENSACOLA, FL 32591 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40010070



01042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3001722</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SARRA, MICHAEL QUINN 303 CORDOBA STREET GULF BREEZE, FL 32561</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>33 E. Galvez Ct.</b>	
		City <b>Pensacola Beach FL</b>	Zip Code <b>32561</b>

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  <b>Michael Quinn Sarra</b>	DATE <b>2-8-07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARRA, MICHAEL QUINN 303 CORDOBA STREET GULF BREEZE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 E. Galvez Ct. Pensacola Beach, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARRA, TINA MARIE 303 CORDOBA STREET GULF BREEZE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 E. Galvez Ct. Pensacola Beach, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SARRA, TINA M 303 CORDOBA STREET GULF BREEZE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 E. Galvez Ct. Pensacola Beach, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  <b>Michael Quinn Sarra</b>	Date <b>2-8-07</b> (850)434-0384