

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009153

**FILED**  
**Jun 19, 2010**  
**Secretary of State**

**Entity Name:** A SEASON OF COMFORT, INC.

**Current Principal Place of Business:**

14270 SW 285 STREET  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

14270 SW 285 STREET  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 27-0985614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOYNE, SONYA O  
14270 SW 285 STREET  
HOMESTEAD, FL 33033 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TYLER, TIMOTHY  
**Address:** 7545 SW 152 AVE, APT D201  
**City-St-Zip:** MIAMI, FL 33193

**Title:** VP  
**Name:** HERTIG, MARSHA  
**Address:** 11053 SW 129 PLACE  
**City-St-Zip:** MIAMI, FL 33186

**Title:** S  
**Name:** VARGAS, DOREEN  
**Address:** PO BOX 3232  
**City-St-Zip:** KEY LARGO, FL 33037

**Title:** T  
**Name:** TORRES, LYAMARY  
**Address:** 17395 SW 298 STREET  
**City-St-Zip:** HOMESTEAD, FL 33030

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LYAMARY TORRES

TREA

06/19/2010

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

\_\_\_\_\_  
Date