2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118549

1. Entity Name

ALL SEASONS LAWN & GARDEN CARE, INC.



Principal Place of Business

3680 18TH AVE NE NAPLES, FL 34120 US Mailing Address

3680 18TH AVE NE NAPLES, FL 34120

US

04172007

. No Cha-P

CR2E034 (11/05)

FILED

Apr 26, 2007 08:00 AM Secretary of State

4. FEI Number 43-1971524

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LUCARELLI, DOMENIC A P.A. 351 AIRPORT RD. N. NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

				IN THIS STAGE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or i	egistered agent, or both, in the Sta	te of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little i	fanokcable (NOTE Registerer	Anent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ANTONIO 3680 18TH AVE NE NAPLES, FL 34120			,		
Title Name Street address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
MAME ADDRESS				05/	U00000732269 09/07–80039–QO7 150.0	

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

CITY-ST-7IP

SIGNATURE AND TYPEO OR PRUTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07