

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127591

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: ALL SEASONS R.V. CONSIGNMENTS, INC.

## Current Principal Place of Business:

830 S. MAIN STREET  
WILDWOOD, FL 34785 US

## New Principal Place of Business:

4455 S FLORIDA AVE  
INVERNESS, FL 34450 US

## Current Mailing Address:

P.O. BOX 517  
WILDWOOD, FL 34785 US

## New Mailing Address:

4455 S FLORIDA AVE  
INVERNESS, FL 34450 US

FEI Number: 87-0689316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROOK, NORMAN E  
830 S. MAIN STREET  
WILDWOOD, FL 34785 US

## Name and Address of New Registered Agent:

CROOK, NORMAN E  
4455 S FLORIDA AVE  
INVERNESS, FL 34450 US

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:

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: CROOK, NORMAN E  
Address: 830 S MAIN STREET  
City-St-Zip: WILDWOOD, FL 347850517

Title: V ( ) Delete  
Name: CONNOR, NATHAN E  
Address: 830 S MAIN STREET  
City-St-Zip: WILDWOOD, FL 347850517

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CROOK, NORMAN E  
Address: 4455 S FLORIDA AVE  
City-St-Zip: INVERNESS, FL 34450 US

Title: VP (X) Change ( ) Addition  
Name: CONNOR, NATHAN E  
Address: 4455 S FLORIDA AVE  
City-St-Zip: INVERNESS, FL 34450 US

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: AUTUMN JOHNSTON

CPA

03/21/2007

Electronic Signature of Signing Officer or Director

Date