

DOCUMENT # P04000031393 1. Entity Name ALL SEASONS HEATING - A/C & ELECTRICAL CONTRACTOR, INC.			
Principal Place of Business 2621 E 40TH CT PANAMA CITY, FL 32405		Mailing Address 2621 E 40TH CT PANAMA CITY, FL 32405	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
6. Name and Address of Current Registered Agent			
BEACH, WAYNE 2621 E 40TH CT PANAMA CITY, FL 32405			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$ _____ Ad	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEACH, WAYNE 2621 E 40TH CT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEACH, ADAM 2621 E 40TH CT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEACH, LUKE 2621 E 40TH CT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALL, JOE 2621 E 40TH CT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="text"/>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="text"/>	<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="text"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="text"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="text"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="text"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 605, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Wayne Beach</u> <u>Wayne Beach</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			