


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90049 006 ***150.00

DOCUMENT # P04000059104 1. Entity Name ALL SEASONS LAWN CARE INC			
Principal Place of Business 2265 LENA LANE SARASOTA, FL 34240		Mailing Address 2265 LENA LANE SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # 2425 Appaloosa Circle		3. Mailing Address 2425 Appaloosa Circle	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34240		Country USA	
4. FEI Number 20-0970054		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROYER, TERRY 2265 LENA LANE SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Joseph E. Bradshaw Street Address (P.O. Box Number is Not Acceptable) 2425 Appaloosa Circle City Sarasota FL Zip Code 34240	
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 <u>Joseph E. Bradshaw</u> DATE <u>1.18.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME TROYER, TERRY <input checked="" type="checkbox"/> Delete STREET ADDRESS 2265 LENA LANE CITY-ST-ZIP SARASOTA, FL 34240	TITLE P NAME Joseph E. Bradshaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2425 Appaloosa Circle CITY-ST-ZIP Sarasota FL 34240		
TITLE ST NAME TROYER, CONNIE <input checked="" type="checkbox"/> Delete STREET ADDRESS 2265 LENA LANE CITY-ST-ZIP SARASOTA, FL 34240	TITLE ST NAME Sharon Bradshaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2425 Appaloosa Circle CITY-ST-ZIP Sarasota FL 34240		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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: <u>Joseph E. Bradshaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1.18.08</u> Daytime Phone #	