

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90048 019 ***150.00

DOCUMENT # P04000151205

1. Entity Name

ALL SEASONS CATERING INCORPORATED



Principal Place of Business

9221 SW 54 PLACE
COOPER CITY FL 33328

Mailing Address

9221 SW 54 PLACE
COOPER CITY FL 33328

40011101

2. Principal Place of Business

HOME
Suite, Apt. #, etc.

3. Mailing Address

9221 S.W. 54 place
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Cooper City Florida

City & State

33328 USA

4. FEI Number

73-1676185

Applied For

Not Applicable

Zip
33328

Country
Broward

Zip
33328

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, ANA MARIA
9221 SW 54 PLACE
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Myron P. Nelson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME NELSON, ANA MARIA
STREET ADDRESS 9221 SW 54 PLACE
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

TITLE D
NAME NELSON, MYRON PETER
STREET ADDRESS VICE President Cooper City
CITY-ST-ZIP 9221 S.W. 54 place FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Myron P. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 954 253-1589

Date

Daytime Phone #