2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT. # P05000025379

ALL SEASONS RESCREENING, INC.



Principal Place of Business

3829 EDGEWOOD AVE. FORT MYERS, FL 33916

Mailing Address

3829 EDGEWOOD AVE. FORT MYERS, FL 33916

Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90049 034 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For 4. FÉI Number 20-2341789 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

02042008

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SUAREZ, JUAN 3829 EDGEWOOD AVE. FORT MYERS, FL 33916 DO NOT WRITE IN THIS SPACE

No Chg-P

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	named entity submits this statement for the plions of registered agent.	urpose of changing its registe	red office or reg	istered agent, or bo	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and little	t applicable (NOTÉ, Register	ed Agent signature re-	quired when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	I r i Haya.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, JUAN 3829 EDGEWOOD AVE. FORT MYERS, FL 33916					
THLE NAME STREET ADDRESS CITY-ST-ZEP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME			Peralic.	IN	THIS SPACE	

12. I hereby certify that the information supplied with this filling 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 attach fight with an address. With all other like empowered. changed, or on an attach

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP