

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055122

FILED
Jan 07, 2009
Secretary of State

Entity Name: ALL SEASONS ASSISTED LIVING, INC.

Current Principal Place of Business:

509 WEST VERONA STREET
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

8207 FOREST CITY ROAD
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 20-8995153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLANES, ANTONETTE
8207 FOREST CITY ROAD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

LLANES, ANTONIETTA
8207 FOREST CITY ROAD
ORLANDO, FL 32810 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: ANTONIETTA LLANES

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LLANES, ANTONETTE
Address: 8207 FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810 US

Title: D () Delete
Name: LLANES, WILFREDO
Address: 8207 FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810 US

Title: D () Delete
Name: BANCOLITA, ROSALINDA
Address: 12439 SE ANDORRA AVENUE
City-St-Zip: HAPPY VALLEY, OR 97086 US

Title: D () Delete
Name: BANCOLITA, PROCOPIO
Address: 12439 SE ANDORRA AVENUE
City-St-Zip: HAPPY VALLEY, OR 97086 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LLANES, ANTONIETTA
Address: 8207 FOREST CITY ROAD
City-St-Zip: ORLANDO, FL 32810 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BANCOLITA, ROSALINDA
Address: 3032 ASHLAND LANE SOUTH
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D (X) Change () Addition
Name: BANCOLITA, PROCOPIO
Address: 3032 ASHLAND LANE SOUTH
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify 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: ANTONIETTA LLANES

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date