

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055122

FILED
Jan 17, 2011
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, ANTONIETTA
8207 FOREST CITY ROAD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANTONIETTA LLANES

PD

01/17/2011

Electronic Signature of Signing Officer or Director

Date