


FILED
Mar 10, 2008 8:00 am
Secretary of State

DOCUMENT # P07000132341					
1. Entity Name ALL SEASONS LAWN OF FLAGLER, INC.					
Principal Place of Business 6 SEPTEMBER PLACE PALM COAST, FL 32164			Mailing Address 6 SEPTEMBER PLACE PALM COAST, FL 32164		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
MOORE, CHRISTINE 6 SEPTEMBER PLACE PALM COAST, FL 32164					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</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 Ad		
10. OFFICERS AND DIRECTORS				11.	
TITLE	DPVS			TITLE	
NAME	MOORE, DONLD W JR.	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	6 SEPTEMBER PLACE			STREET ADDRESS	
CITY - ST - ZIP	PALM COAST, FL 32164			CITY - ST - ZIP	
TITLE	T			TITLE	
NAME	MOORE, DONLD W JR.	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	6 SEPTEMBER PLACE			STREET ADDRESS	
CITY - ST - ZIP	PALM COAST, FL 32164			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					