

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 013 ***150.00

DOCUMENT # P93000014122

1. Entity Name
ALL SEASONS USED CARS, INC.



Principal Place of Business
**2705 N. COCOA BLVD
COCOA, FL 32922 US**

Mailing Address
**2705 N. COCOA BLVD
COCOA, FL 32922 US**

2. Principal Place of Business

3. Mailing Address

Post Office Box 747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sharpes, Florida

Zip

Country

Zip

Country

32959

Brevard

03062006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3165137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HORTON, MICHAEL W
2705 N COCOA BLVD.
COCOA, FL 32922**

7. Name and Address of New Registered Agent

Name
Michael Horton
Street Address (P.O. Box Number is Not Acceptable)
7460 Darien Road

City **Cocoa** **FL** Zip Code **32927**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HORTON, MICHAEL W**
STREET ADDRESS **7460 DARIEN RD**
CITY - ST - ZIP **COCOA, FL 32927**

TITLE **P** ☐ Delete
NAME **HORTON, MICHAEL W**
STREET ADDRESS **2705 N COCOA BLVD.**
CITY - ST - ZIP **COCOA, FL 32922**

TITLE **DST** ☐ Delete
NAME **HORTON, LEANNE**
STREET ADDRESS **7460 DARIEN RD**
CITY - ST - ZIP **COCOA, FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #