

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000084333

1. Entity Name
ALL SEASONS ROOFING INC.



Principal Place of Business
**2722 ST ANTHONY DR
VALRICO, FL 33594**

Mailing Address
**2722 ST ANTHONY DR
VALRICO, FL 33594**



03112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3210124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WANCIO, DEBORAH A
2722 ST ANTHONY DR
VALRICO, FL 33594**

**DO NOT WRITE
IN THIS SPACE**

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

Deborah A. Wancio

DEBORAH A. WANCIO

3/11/07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WANCIO, DEBORAH A
STREET ADDRESS	2722 ST ANTHONY DR
CITY- ST- ZIP	VALRICO, FL
TITLE	P
NAME	KYLE, KRISTOPHER T
STREET ADDRESS	2722 ST ANTHONY DR
CITY- ST- ZIP	VALRICO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000666079
03/23/07-80054-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Deborah A. Wancio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/07

DATE

(813) 503-1297

DAYTIME PHONE #

DEBORAH A. WANCIO