

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000025443

1. Entity Name

ALL SEASON LAWN CARE, INC.



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

Principal Place of Business  
35 HOLLYHOCK CT  
#101  
HOMOSASSA FL 34446  
US

Mailing Address  
35 HOLLYHOCK COURT  
HOMOSASSA FL 34446  
US



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

4. FEI Number 65-0490381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEISER, TRACY  
35 HOLLYHOCK CT  
HOMOSASSA FL 34446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	KEISER, RICHARD B	
STREET ADDRESS	35 HOLLYHOCK CT	
CITY-STATE-ZIP	HOMOSASSA FL	
TITLE	S	Delete
NAME	KEISER, TRACY	
STREET ADDRESS	35 HOLLYHOCK CT	
CITY-STATE-ZIP	HOMOSASSA FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

000000665324  
03/23/07-80024-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Tracy Keiser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

352-382-5085

Daytime Phone #