2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102068

Entity Name: ALL SEASONS PLANNING INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2356 SW LITTLE RD LAKE CITY, FL 32024

Current Mailing Address: New Mailing Address:

PO BOX 3523 PO BOX 1530

LAKE CITY, FL 32056 LAKE CITY, FL 32056

FEI Number: 59-3486465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZUBER, CHRIS M DO
2356 SW LITTLE RD
LAKE CITY, FL 32024 US

ZUBER, JAMES R DO
2356 SW LITTLE RD
LAKE CITY, FL 32024 US

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: JAMES R. ZUBER 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ZUBER, JAMES R
 Name:
 ZUBER, JAMES R

 Address:
 PO BOX 3523
 Address:
 PO BOX 1530

 City-St-Zip:
 LAKE CITY, FL 32056
 City-St-Zip:
 LAKE CITY, FL 32056

Title: VPS () Delete Title: VPS (X) Change () Addition

 Name:
 ZUBER, KAREN
 Name:
 ZUBER, KAREN

 Address:
 PO BOX 3523
 Address:
 PO BOX 1530

 City-St-Zip:
 LAKE CITY, FL 32056
 City-St-Zip:
 LAKE CITY, FL 32056

Title: DO () Delete Title: () Change () Addition

 Name:
 ZUBER, CHRIS
 Name:

 Address:
 P. O. BOX 1372
 Address:

 City-St-Zip:
 LAKE CITY, FL 32056
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES R. ZUBER MR 04/27/2009