

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000020905

1. Entity Name

ALL SEASONS LAWN AND LANDSCAPE CONCEPTS, INC.



**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business

5840 RED BUG LAKE ROAD  
PMB #5  
WINTER SPRINGS FL 32708

Mailing Address

5840 RED BUG LAKE ROAD  
PMB #5  
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3557719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAIL COPY PLUS, INC.-KATHLEEN TURNER,MNGR.  
5840 RED BUG LAKE ROAD  
PMB#5  
WINTER SPRINGS FL 32708

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 reinstating)

DATE

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

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BENFER, STEVE M  
STREET ADDRESS 5840 RED BUG LAKE ROAD  
CITY-ST-ZIP WINTER SPRINGS FL 32703

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000049897  
CITY-ST-ZIP 02/13/04-80040-024 150.00

TITLE T ☐ Delete  
NAME BENFER, CARMEN L  
STREET ADDRESS 5840 RED BUG LAKE ROAD  
CITY-ST-ZIP WINTER SPRINGS FL 32703

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* Carmen L. Benfer 2/10/04 407-324-5296  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #