


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90337 048 \*\*\*150.00

<b>DOCUMENT # P99000020905</b>		
1. Entity Name <b>ALL SEASONS LAWN AND LANDSCAPE CONCEPTS, INC.</b>		
Principal Place of Business <b>5840 RED BUG LAKE ROAD PMB #5 WINTER SPRINGS FL 32708</b>		Mailing Address <b>5840 RED BUG LAKE ROAD PMB #5 WINTER SPRINGS FL 32708</b>
2. Principal Place of Business	3. Mailing Address <b>5224 W. State Rd 46</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#409</b>	
City & State	City & State <b>Sanford FL</b>	
Country	Zip <b>32771</b>	Country <b>USA</b>

**20043553**



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3557719</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MAIL COPY PLUS, INC.-KATHLEEN TURNER,MNGR. 5840 RED BUG LAKE ROAD PMB#5 WINTER SPRINGS FL 32708</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P BENFER, STEVE M 5840 RED BUG LAKE ROAD WINTER SPRINGS FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENFER, CARMEN L 5840 RED BUG LAKE ROAD WINTER SPRINGS FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/13/05 407-324-5296**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #