

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000034580

1. Entity Name
ALL SEASONS MORTGAGE, INC.



Principal Place of Business
5742 ASPEN RIDGE CIRCLE
DELRAY BEACH, FL 33484

Mailing Address
5742 ASPEN RIDGE CIRCLE
DELRAY BEACH, FL 33484

FILED
07 JUN -5 PM 2:51

FLORIDA STATE
TALLAHASSEE, FLORIDA



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0871290	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BALDWIN, CHARLES S
5742 ASPEN RIDGE CIRCLE
DELRAY BEACH, FL 33445

**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:

Charles S. Baldwin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/12/07-01019-025 \$150.00

May 23, 2007

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: PCEO
NAME: BALDWIN, CHARLES S
STREET ADDRESS: 5742 ASPEN RIDGE CIRCLE
CITY-ST-ZIP: DELRAY BEACH, FL 33484

CSB

700104259767
06/12/07-01019-025 **450.00

TITLE: VCOO
NAME: BALDWIN, VERALYNN J
STREET ADDRESS: 5742 ASPEN RIDGE CIRCLE
CITY-ST-ZIP: DELRAY BEACH, FL 33484

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: *Charles S. Baldwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 23, 2007 561-637-6061

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**