2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2005
Secretary of State

DOCUMENT# P99000046273

Entity Name: ALL SEASON AIR CONDITIONING & HEATING, INC.

Current Principal Place of Business:

3659 LAKE BREEZE DR
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

3659 LAKE BREEZE DR
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3588511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUAYLE, KEVIN D
3659 LAKE BREEZE DR
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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: KEVIN D. QUAYLE
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: QUAYLE, KEVIN D
Address: 3659 LAKE BREEZE DR
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP ( ) Delete
Name: DESCHENER, MICHAEL
Address: 3659 LAKE BREEZE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: QUAYLE, KATHERINE
Address: 3659 LAKE BREEZE DR
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DESCHENES, MICHAEL
Address: 3659 LAKE BREEZE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Change ( ) Addition
Name: QUAYLE, KATHERINE T
Address: 3659 LAKE BREEZE DR
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHERINE T.QUAYLE D 10/05/2005
Electronic Signature of Signing Officer or Director Date