2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90504 039 ***150.00

Principal Place of Business Mailing Address And DOLDSMAR, PL 34677	DOCUMENT # P02000061041 1. Entity Name ALL AMERICAN BARBER SHOP, INC.								05-02-2005	90504 ()39 ***1.	50.00
370S TAMPA ROAD OLDSMAR, FL 34677 2. Principal Prace of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O4072005 Chg. P CR2E034 (10/03) City & State Cry & State Cry & State Applied For Name Name Applied For Name	Principal Place	of Business		Mailing Add	Malling Address							
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Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Preparation Prep	City & State			City & State					206			
Name and Address of Current Registered Agent	Zip		Country	Zip	Zip Count			5 Certificate of Status Desired \$8.75 Additional				
Name CAROL L HUSTED Street, Address (P. O. Box Namber is byte Apographic) Street, Address (P. O. Box Namber is byte Apographic) SUTE # 2 City OLDSMAR FL 2/3/2077 8. The above named epits, submits his stargment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I apri familiar with, and accept the obligations of digitalized agent. SIGNATURE FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Ba Added to Fees Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE NAME SIRET ADDRESS OTY-51-29 OTHER STREET ADDRESS OTY-51-29 OTHER STREET ADDRESS OTY-51-29 TILE NAME SIRET ADDRESS OTY-51-29		6. Name and	Address of Curre	nt Registered Age	legistered Agent			7. Name and A	ddress of New Re			
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12. I hereby certify that the information supplied with this filling 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 employeed 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 a paragraphic with an advise's with bill other like employeed.												

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