


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000047721
 1. Entity Name
 A-ALL PORPOISE SERVICES, INC.



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|---|--|
| Principal Place of Business 441 SE 6TH AVENUE POMPANO BEACH, FL 33060 | Mailing Address 7777 GLADES ROAD SUITE 209 BOCA RATON, FL 33434 |
|---|--|



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 65-0677602 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 MAHONEY, ROBERT F. CPA
 7777 GLADES ROAD
 SUITE 209
 BOCA RATON, FL 33434

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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 _____
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

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

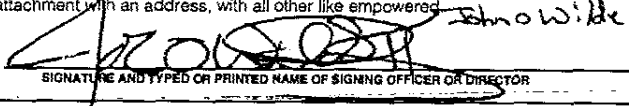
U00000108707
 04/12/04-80014-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILDE, JOHN O II 441 SE 6TH STREET POMPANO BEACH, FL 33060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S TROENDLE, MARK 441 SE 6TH STREET POMPANO BEACH, FL 33060 |
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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:  **John Wilde** 4/8/04 (954) 316-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #