

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90126 041 ***150.00

DOCUMENT # P04000135121 1. Entity Name ALL ABOUT PROMOTIONS , EMBROIDERY & SCREEN PRINTING , INC.					
Principal Place of Business 3850 E. GULF TO LAKE HWY INVERNESS, FL 34453			Mailing Address 3850 E. GULF TO LAKE HWY INVERNESS, FL 34453		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1664480	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALLEN, DEBBIE 3850 E. GULF TO LAKE HWY INVERNESS, FL 34453				7. Name and Address of New Registered Agent Name ELLA HOWE Street Address (P.O. Box Number is Not Acceptable) 3850 E Gulf to Lake Hwy City INVERNESS FL 34453	
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 ELLA HOWE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 4/28/05					
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 Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ALLEN, DEBBIE 2121 W HUNTINGTON DR BEVERLY HILLS, FL 34465	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen, Debbie PO Box 640430 Beverly Hills FL 34464-0430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARRIS, RICK 2121 W HUNTINGTON DR BEVERLY HILLS, FL 34465	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Howe, ELLA 3850 E Gulf to Lake Hwy., Suite 10 INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: ELLA HOWE Signature and typed or printed name of signing officer or director					

4/28/05 **3523412323**
 Date Daytime Phone #