

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000056840

Entity Name: ABOVE ALL MANAGEMENT SERVICES INC**Current Principal Place of Business:**499 N STATE ROAD 434
SUITE 2061
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**499 N STATE ROAD 434
SUITE 2061
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 82-0899730**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RILEY, LAUREN
457 JORDAN STUART CIRCLE
APT.213
APOPKA, FL 32703 US*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:** LAUREN RILEY

03/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name HILL, JUSTIN ALEXANDER
Address 1832 RUSHWOOD COURT
City-State-Zip: ORLANDO FL 32818Title DIRECTOR
Name FRANCIS, PATRICIA
Address 1832 RUSHWOOD CT
City-State-Zip: ORLANDO FL 32818Title S
Name RILEY, OMAR
Address 457 JORDAN STUART CR
UNIT 213
City-State-Zip: APOPKA FL 32703Title PRESIDENT
Name RILEY, LAUREN
Address 457 JORDAN STUART CIRCLE
APT.213
City-State-Zip: APOPKA FL 32703Title TREASURER
Name RILEY, PATRICK
Address 457 JORDAN STUART CIRCLE
UNIT 213
City-State-Zip: APOPKA FL 32703

I hereby 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 all other like empowered.

SIGNATURE: LAUREN RILEY

PRESIDENT

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date