

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000056840

**FILED**  
**May 01, 2020**  
**Secretary of State**  
**7681210833CC**

**Entity Name:** ABOVE ALL MANAGEMENT SERVICES INC

**Current Principal Place of Business:**

457 JORDAN STUART CIRCLE  
APT.213  
APOPKA, FL 32703

**Current Mailing Address:**

457 JORDAN STUART CIRCLE  
APT.213  
APOPKA, FL 32703 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

05/01/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name HILL, JUSTIN ALEXANDER  
Address 1832 RUSHWOOD COURT  
City-State-Zip: ORLANDO FL 32818

Title DIRECTOR  
Name FRANCIS, PATRICIA  
Address 1832 RUSHWOOD CT  
City-State-Zip: ORLANDO FL 32818

Title S  
Name RILEY, OMAR  
Address 457 JORDAN STUART CR  
UNIT 213  
City-State-Zip: APOPKA FL 32703

Title PRESIDENT  
Name RILEY, LAUREN  
Address 457 JORDAN STUART CIRCLE  
APT.213  
City-State-Zip: APOPKA FL 32703

Title 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

05/01/2020

Electronic Signature of Signing Officer/Director Detail

Date