

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # F05000000293

1. Entity Name
ALL HOWROYD SERVICES COMPANY



Principal Place of Business
**327 WEST BROADWAY
GLENDALE, CA 91204**

Mailing Address
**P.O. BOX 29048
GLENDALE, CA 91209-9048**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4343699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**U00000688083
04/10/07-80065-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
JANICE BRYANT HOWROYD
1999 WEST 190TH STREET
TORRANCE, CA 90504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCV
BRYANT, CARLTON
1999 WEST 190TH STREET
TORRANCE, CA 90504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HOYAL, MICHAEL
327 WEST BROADWAY
GLENDALE, CA 91204**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRYANT, TINA
1999 WEST 190TH STREET
TORRANCE, CA 90504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. HOYAL

Date

Daytime Phone #

3/27/07

818 240 8688