

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 19, 2008 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



05122008 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 <input type="checkbox"/>	\$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)

U000000952258
06/04/08-30072-019 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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 #

5/12/08 8182408688