

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # F05000004232

1. Entity Name

ALL'S WELL PROFESSIONAL SERVICES CO.



Principal Place of Business

1999 W 190TH STREET
TORRANCE, CA 90504

Mailing Address

PO BOX 29048
GLENDALE, CA 91209-9048



03212007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4365413

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 STREET
TALLAHASSEE, FL 32301-2525

**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

U00000688088
04/10/07-80065-013 150.00

10. OFFICERS AND DIRECTORS

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

TITLE VPVC
NAME BRYANT, CARLTON
STREET ADDRESS 1999 W 190TH STREET
CITY-ST-ZIP TORRANCE, CA 90504

TITLE SD
NAME BRYANT, TINA
STREET ADDRESS 1999 W 190TH STREET
CITY-ST-ZIP TORRANCE, CA 90504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Janice Bryant Howroyd

JANICE B. HOWROYD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

8182408688

Daytime Phone #