

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 11, 2008 8:00 am
Secretary of State**

07-18-2008 90016 001 ***158.75
08-11-2008 90122 022 ***400.00

DOCUMENT # F07000001570

1. Entity Name

ALL INDUSTRIAL SERVICES, INC.



Principal Place of Business
6996 RONJOY PLACE
YOUNGSTOWN, OH 44512

Mailing Address
6996 RONJOY PLACE
YOUNGSTOWN, OH 44512

DO NOT WRITE IN THIS SPACE



No Chg-P CR2E034 (11/05)

4. FEI Number

34-1837044

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE 4
WESTON, FL 33331 US**

**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 reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	CLAYTON FOXT
STREET ADDRESS	1933 Hubbard-Thomas Rd.
CITY-ST-ZIP	HUBBARD OHIO 44425
TITLE	VICE PRESIDENT
NAME	CHRISTOPHER BUTTAN
STREET ADDRESS	7061 PINWHEEL DRIVE
CITY-ST-ZIP	YOUNGSTOWN OHIO 44512
TITLE	SECRETARY
NAME	LAURENCE BUTTAN
STREET ADDRESS	6996 RONJOY PLACE
CITY-ST-ZIP	YOUNGSTOWN OHIO 44512
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: **CLAYTON FOXT PRESIDENT** **7/14/08** **330 360 1414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #