

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F75874 1. Entity Name A & L SERVICE INC. OF VENICE	
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Principal Place of Business 791 COLGATE RD VENICE, FL 34293	Mailing Address P.O. BOX 871 VENICE, FL 34284
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-P 2008 CR2E034 (11/05)

4. FEI Number 59-2301842	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSCHANTRE, LAWRENCE
VENICE, FL 33595

**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 Lawrence TSchantre
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000942797
03/11/08-80044-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TSCHANTRE, MARIE 791 COLGATE RD. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TSCHANTRE, LAWRENCE 791 COLGATE RD. VENICE, FL 34293
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**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

Date

Daytime Phone #