

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F82130

FILED
Mar 24, 2009
Secretary of State

Entity Name: ALL CONVENTION CLEANERS, INC.

Current Principal Place of Business:

2335 MOUNTAIN TOP ROAD
WINSTON, GA 30187 US

New Principal Place of Business:

Current Mailing Address:

2335 MOUNTAIN TOP ROAD
WINSTON, GA 30187 US

New Mailing Address:

FEI Number: 59-2205715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTARDO, SALVATORE
1898 BONKIRK DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KITTRIDGE, HENRY
Address: 2335 MOUNTAIN TOP ROAD
City-St-Zip: WINSTON, GA 30187

Title: V () Delete
Name: OVERTON, BRETT
Address: 1963 UNIVERSITY LANE
City-St-Zip: LISLE, IL 60532

Title: T () Delete
Name: KITTRIDGE, MARIE
Address: 2335 MOUNTAIN TOP ROAD
City-St-Zip: WINSTON, GA 30187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: OVERTON, BRETT
Address: 1963 UNIVERSITY LANE
City-St-Zip: LISLE, IL 60532

Title: TSD (X) Change () Addition
Name: KITTRIDGE, MARIE
Address: 2335 MOUNTAIN TOP ROAD
City-St-Zip: WINSTON, GA 30187

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA N. CRAWFORD

ATTY

03/24/2009

Electronic Signature of Signing Officer or Director

Date