

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K57323**

1. Entity Name

ALL SONS DECORATING CENTER, INC.



Principal Place of Business

11044 SPRING HILL DR  
11044 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US

Mailing Address

11044 SPRING HILL DR  
11044 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2925799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HALL, MICHAEL  
4393 BLUEWATER AVE  
SPRING HILL, FL 34608

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE VPS  
NAME DICRISTOFALO, JOSEPH  
STREET ADDRESS 9057 BEACH RD.  
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE PT  
NAME HALL, MICHAEL  
STREET ADDRESS 4393 BLUEWATER AVE.  
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**DO NOT WRITE  
IN THIS SPACE**

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01/31/08-80039-004 150.00