

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K68036**

1. Entity Name  
**ALL POWER SERVICES, INC.**



Principal Place of Business

**4180 N KINGS HWY  
FT PIERCE, FL 34951**

Mailing Address

**4180 N KINGS HWY  
FT PIERCE, FL 34951**

**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2935882**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CSABON, PAUL  
1519 SE OCEAN LANE  
PORT ST LUCIE, FL 34983**

**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

*Paul Gabon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/29/07**  
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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CSABON, PAUL  
1519 SE OCEAN LN  
PT ST LUCIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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02/06/07-80042-008 150.00

**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:**

*Paul Gabon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/07**  
DATE

Daytime Phone #