2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K68036

1. Entity Name
ALL POWER SERVICES, INC.

Principal Place of Business	Mailing Address
4180 N KINGS HWY FT PIERCE, FL 34951	4180 N KINGS HWY FT PIERCE, FL 34951

DO NOT WRITE IN THIS SPACE

03112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2935882	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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: X _Paul Csabon_   3-12-08   772-595-1790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #