


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90063 030 \*\*\*150.00

**DOCUMENT # K90276**

1. Entity Name  
**ALL-MART INC.**



Principal Place of Business      Mailing Address

**% ALBERT STILLMAN**      **% ALBERT STILLMAN**  
**7800 W GULF TO LAKE HWY 44**      **7772 7800 W GULF TO LAKE HWY 44**  
**CRYSTAL RIVER, FL 34429 US**      **CRYSTAL RIVER, FL 34429 US**

24025171



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03112004    Chg-P    CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For

**59-2974911**      Not Applicable

Zip      Country      Zip      Country

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

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

**STILLMAN, ALBERT**  
**7800 W GULF TO LAKE HWY 44**  
**CRYSTAL RIVER, FL 34429**

**7. Name and Address of New Registered Agent**

Name      **KENNITH HELTON**

Street Address (P.O. Box Number is Not Acceptable)  
**7772 W GULF TO LAKE HWY**

**CRYSTAL RIVER**      **FL**      **34429**

City      State      Zip Code

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: *Kennith C. Helton*      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	<input checked="" type="checkbox"/> Delete
NAME	STILLMAN, ALBERT	
STREET ADDRESS	7800 W GULF TO LAKE HWY	
CITY-ST-ZIP	CRYSTAL RIVER, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNITH HELTON	
STREET ADDRESS	7800 W GULF TO LAKE HWY	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kennith C. Helton*      *Kennith C. Helton*      *3/16/04*      *352-795-4838*

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