

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90033 024 ***150.00

DOCUMENT # M65647

1. Entity Name

ALL-STATES LICENSING SERVICES, INC.



Principal Place of Business

107 N. RIVERSIDE DR.
NEW SMYRNA BEACH FL 32170

Mailing Address

% MARY SUE PICKETT
~~900 MISSION RD.~~ P.O. BOX 950
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
32168

Country

3. Mailing Address

P.O. Box 950

Suite, Apt. #, etc.

City & State

Zip

Country

DEPARTMENT OF STATE



MOORE

CR2E034 (11/03)

4. FEI Number

59-2868558

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICKETT, MARY SUE
~~107 N. RIVERSIDE DR.~~
NEW SMYRNA BEACH FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4139 SO. ATLANTIC AVE #A104

City

FL

Zip Code
32169

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
PTS
PICKETT, MARY SUE
107 N. RIVERSIDE DR.
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4139 SO. ATLANTIC AVE #A104
32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Mary Sue Pickett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

Daytime Phone #