

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000000439

1. Entity Name
ALL ABOUT U EMPLOYMENT SERVICES, INC.



Principal Place of Business
5612 NATURE LANE
TALLAHASSEE, FL 32303

Mailing Address
5612 NATURE LANE
TALLAHASSEE, FL 32303

FILED

04 APR 22 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212004 No Chg-NP CR2E037 (10/03) 04

4. FEI Number
59-3488845

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

WILLIAMS, TERRI J
5612 NATURE LANE
TALLAHASSEE, FL 32303

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, TERRI J
STREET ADDRESS	5612 NATURE LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VD
NAME	GRIMMAGE, JUANITA
STREET ADDRESS	9225 97TH LANE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	STD
NAME	ROBINSON, JANICE
STREET ADDRESS	1214 JEANETTE CIRCLE
CITY-ST-ZIP	MADISON, FL 32341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300035724653
05/06/04--01073--014 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 #

4/22/04

922-6200