

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 30 AM 7:52

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

DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3488845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, TERRI JONES
5612 NATURE LANE
TALLAHASSEE, FL 32303

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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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, TERRI JONES
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 JONES
STREET ADDRESS 272 SW HALL STREET
CITY-ST-ZIP MADISON, FL 32340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500127210855
04/30/08--01007--002 **61.25

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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 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 #