


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000010985  
 1. Entity Name  
 ALL IN ONE CATERING, INC.



Principal Place of Business      Mailing Address  
 2619 23RD AVE N      2619 23RD AVE N  
 ST PETERSBURG, FL 33713      ST PETERSBURG, FL 33713

**DO NOT WRITE IN THIS SPACE**



04262006    No Chg-P    CR2E034 (11/05)

4. FET Number      Applied For  
 03-0434283      Not Applicable

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

6. Name and Address of Current Registered Agent  
 GOETZ, SHARON  
 2619 23RD AVE N  
 SAINT PETERSBURG, FL 33713

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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: *Sharon Goetz*      DATE: 4/28/06  
Signature typed or printed name of registered agent and fee if applicable.      (NOTE: Registered agent signature required when registering)

FILE NOW!!! FEE IS \$150.00      Election Campaign Financing      \$5.00 May Be  
 After May 1, 2006 Fee will be \$550.00      Trust Fund Contribution.      Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOETZ, SHARON
STREET ADDRESS	2619 23RD AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000544443  
 05/11/06-80037-002 150.00

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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 empowers.

SIGNATURE: *Sharon Goetz*      DATE: 4/28/06      727-321-3897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone if