


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90022 038 ***150.00

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**

40023237



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

01262007 Chg-P CR2E034 (12/06)

4. FEI 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

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOETZ, SHARON	
STREET ADDRESS	2619 23RD AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33713	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL GOETZ	
STREET ADDRESS	2619 23rd Ave No.	
CITY-ST-ZIP	St. Petersburg, Florida 33713	
TITLE	VP/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Goetz	
STREET ADDRESS	2619 23rd Avenue No.	
CITY-ST-ZIP	St. Petersburg, Florida 33713	
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 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 empowered.

SIGNATURE: Joel Goetz Date: 2-19-07 Daytime Phone #: 727-735-3718

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