

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000056825

1. Entity Name  
ALL TOOLS, INC.



Principal Place of Business  
22 LURA LANE  
MERRITT ISLAND, FL 32753

Mailing Address  
22 LURA LANE  
MERRITT ISLAND, FL 32753

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**



03032008 No C (P) CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3060412

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STILES, LENA M  
6996 EVERGREEN DRIVE  
COCOA, FL 32927

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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	PTD STILES, JEFFERY C SR. 6996 EVERGREEN DRIVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STILES, LENA M 6996 EVERGREEN DRIVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000849177  
03/21/08-80010-006 150.00

**DO NOT WRITE  
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 607, Florida Statutes; and that the name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lena M. Stiles* LENA M. Stiles V-Pres 3/3/08 321-452-6501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #