

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078097

FILED
Feb 01, 2005
Secretary of State

Entity Name: ALL SERVICE INSURANCE, INC.

Current Principal Place of Business:

6635 W COMMERCIAL BLVD
SUITE # 211
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

C/O STEV9NAN, INC.
6635 W COMMERCIAL BLVD - STE 211
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 20-0000111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCUS, NANCY
8000 NW 51ST STREET
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MARCUS, NANCY C
Address: 6635 W COMMERCIAL BLVD - STE 211
City-St-Zip: TAMARAC, FL 33319

Title: VSD () Delete
Name: SIMMS, MAUREEN E
Address: 6635 W COMMERCIAL BLVD - STE 200
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY C. MARCUS

PRES

02/01/2005

Electronic Signature of Signing Officer or Director

Date