

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121554

Entity Name: ALL DEBRIS, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

7300 CRILL AVENUE BOX 65
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

7300 CRILL AVENUE BOX 65
PALATKA, FL 32177

New Mailing Address:

FEI Number: 47-0898861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRINGTON, ADAM
7300 CRILL AVENUE BOX 65
PALATKA, FL 32177 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: P () Delete
Name: HERRINGTON, ADAM
Address: 270 EAST END ROAD
City-St-Zip: SAN MATEO, FL 32187

Title: V () Delete
Name: HERRINGTON, WILLIAM J
Address: 7324 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177

Title: ST () Delete
Name: HERRINGTON, TARA
Address: 270 EAST END ROAD
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: TILTON, JOHN J III
Address: 128 TILTON DR
City-St-Zip: SAN MATEO, FL 32187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HERRINGTON, WILLIAM J JR
Address: 7324 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177

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 exemption stated 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 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: ADAM HERRINGTON

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date