

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132202

Entity Name: ALL CARE SWEEPING, INC.

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

8791 COUNTY RD 631A  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 370  
WEBSTER, FL 33597

**New Mailing Address:**

FEI Number: 56-2311889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTTON, EDWIN D  
8791 COUNTY RD 631A  
BUSHNELL, FL 33513 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: PST ( ) Delete  
Name: BUTTON, EDWIN D  
Address: 8791 COUNTY RD 631A  
City-St-Zip: BUSHNELL, FL 33513

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC. ( ) Change (X) Addition  
Name: BUTTON, JASON A  
Address: 7061 CR 655  
City-St-Zip: BUSHNELL, FL 33513 US

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: EDWIN D. BUTTON

PST

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date