

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022222

Entity Name: ALL TOGETHER SERVICES, INC

FILED
Aug 03, 2004
Secretary of State

Current Principal Place of Business:

1903 OAK CREEK CIRCLE
1014
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

1903 OAK CREEK CIRCLE
1014
LUTZ, FL 33549

New Mailing Address:

FEI Number: 42-1577297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATALA, FRANCISCO
1903 OAK CREEK CIRCLE
1014
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

PONTES, MICHAEL K
1903 OAK CREEK CIRCLE
1014
LUTZ, FL 33549 US

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: MICHAEL K PONTES

08/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATALA, FRANCISCO
Address: 1903 OAK CREEK CIRCLE 1014
City-St-Zip: LUTZ, FL 33549

Title: VP () Delete
Name: ALBINO, CYNTHIA
Address: 1903 OAK CREEK CIRCLE 1014
City-St-Zip: LUTZ, FL 33549

Title: MGR (X) Delete
Name: PONTES, MICHAEL
Address: 1903 OAK CREEK CIRCLE 1014
City-St-Zip: LUTZ, FL 33549

Title: MGR (X) Delete
Name: CATALA, NEIDIE
Address: 1903 OAK CREEK CIRCLE 1014
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PONTES, MICHAEL
Address: 1903 OAK CREEK CIRCLE 1014
City-St-Zip: LUTZ, FL 33549

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

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: MICHAEL K PONTES

P

08/03/2004

Electronic Signature of Signing Officer or Director

Date