

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90093 010 ***150.00

DOCUMENT # P03000044313						
1. Entity Name ALL COUNTY ENTERPRISES, INC.						
Principal Place of Business 1026 PINEAPPLE AVE NE PALM BAY, FL 32905			Mailing Address 1026 PINEAPPLE AVE NE PALM BAY, FL 32905			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	04022005 Chg-P CR2E034 (10/03)		
4. FEI Number 14-1881926				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
TSAMOUTALES, NICHOLAS F 1900 PALM BAY RD NE STE G PALM BAY, FL 32905			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____			
FL			Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP	NAME BOULEY, KEVIN R		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 1026 PINEAPPLE AVE NE	CITY-ST-ZIP PALM BAY, FL 32905		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE D	NAME DEFINA, BARTHOLOMEW T		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 83 CENTER RD	CITY-ST-ZIP CHICHESTER, NH 03258		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE DCST	NAME DEFINA, MARKA J		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 83 CENTER RD	CITY-ST-ZIP CHICHESTER, NH 03258		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE	NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <i>Kevin R. Bouley, Pres.</i> Kevin R. Bouley, President 4/2/05 321-723-6484						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						