

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 23, 2004 8:00 am
Secretary of State

9/3

09-03-2004 90003 023 ***550.00

DOCUMENT # P03000073313

1. Entity Name
ALL COUNTIES PERMITTING SERVICE, INC.



Principal Place of Business
**4211 NE 22ND AVENUE UNIT #1
LIGHTHOUSE POINT FL 33064**

Mailing Address
**4211 NE 22ND AVENUE UNIT #1
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (4/04)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**VINCELLI, NANCY A
4211 NE 22ND AVENUE UNIT #1
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent
Name
N/A
Street Address (P.O. Box Number is Not Acceptable)

City
N/A **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
Nancy Vincelli **9/1/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	NAME Nancy Vincelli	TITLE	NAME
STREET ADDRESS 4211 NE 22ND AVE #1	CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: **Nancy A Vincelli** **9/1/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #