

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083914

FILED
Feb 23, 2004
Secretary of State

Entity Name: ALL AMERICAN SWING STAGE, INC.

Current Principal Place of Business:

600 OAK STREET
PORT ORANGE, FL 32127

New Principal Place of Business:

600 OAK STREET
BLDG. 3C
PORT ORANGE, FL 32127

Current Mailing Address:

600 OAK STREET
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 81-0625510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'KANE, MATTHEW R
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: D () Delete
Name: BARONE, ANTHONY E
Address: 1013 WINBROOK DRIVE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: BARONE, JOHN M
Address: 1414 RANDOLPH STREET
City-St-Zip: DELTONA, FL 32725

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARONE, ANTHONY E
Address: 1013 WINDBROOK DRIVE
City-St-Zip: DELTONA, FL 32725

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

Title: D () Change (X) Addition
Name: BOYLE, NANCY M
Address: 1710 DUBLIN ROAD
City-St-Zip: DELTONA, FL 32738

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: NANCY BOYLE

V.P.

02/23/2004

Electronic Signature of Signing Officer or Director

Date