

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083914

Entity Name: ALL AMERICAN SWING STAGE, INC.

FILED  
Feb 15, 2005  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

600 OAK STREET  
PORT ORANGE, FL 32127

## New Principal Place of Business:

600 OAK STREET  
BLDG. 1C  
PORT ORANGE, FL 32127

## New Mailing Address:

600 OAK STREET  
BLDG 1C  
PORT ORANGE, FL 32127

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 WINDBROOK 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: D ( ) Delete  
Name: BOYLE, NANCY M  
Address: 1710 DUBLIN ROAD  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY BOYLE

V.P.

02/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date