

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113248

FILED  
Jul 12, 2004  
Secretary of State

Entity Name: ALL IN ONE FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

303 WEST BUCHANON  
ORLANDO, FL 32809

## New Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL  
SUITE # 198  
ORLANDO, FL 32809

## Current Mailing Address:

303 WEST BUCHANON  
ORLANDO, FL 32809

## New Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL  
SUITE # 198  
ORLANDO, FL 32809

FEI Number: 04-3777047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEONARD, SHERLYN D  
303 WEST BUCHANON AVE  
ORLANDO, FL 32809

## 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

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: LEONARD, SHERLYN D  
Address: 303 WEST BUCHANON AVE  
City-St-Zip: ORLANDO, FL 32809

Title: V ( ) Delete  
Name: LEONARD, SHERLYN D  
Address: 303 WEST BUCHANON AVE  
City-St-Zip: ORLANDO, FL 32809

Title: S ( ) Delete  
Name: LEONARD, SHERLYN D  
Address: 303 WEST BUCHANON AVE  
City-St-Zip: ORLANDO, FL 32809

Title: T ( ) Delete  
Name: LEONARD, SHERLYN D  
Address: 303 WEST BUCHANON AVE  
City-St-Zip: ORLANDO, FL 32809

## 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:

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: SHERLYN D. LEONARD

P

07/12/2004

Electronic Signature of Signing Officer or Director

Date