**2008 FOR PROFIT CORPORATION ANNUAL REPORT** 

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P03000122688** 1. Entity Name ALL LINE ELECTRIC, INC.



**FILED** Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

PO BOX 11211

BROOKSVILLE, FL 34610

Mailing Address

PO BOX 11211

BROOKSVILLE, FL 34610

US



01052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0349607 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOCCO, JOSEPH 17921 LITTLE WOOD DRIVE NEW PORT RICHEY, FL 34654

## DO NOT WRITE IN THIS SPACE

				114	THIO OF AOL
	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000776934 01/09/08-80044-013 150.00
10. OFFICERS AND DIREC		CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOCCO, JOSEPH PO BOX 11211 BROOKSVILLE, FL 34610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOCCO, MARIA P.O. BOX 1121 BROOKSVILLE, FL 34610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE

## IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CICNIATUDE.

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP