FILED
May 11, 2005 8:00 am
Secretary of State

04-13-2005 90041 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000007791

1. Entity Name
AALL SERVICES, INC.

66016598

Principal Place of Business
1290 28TH AVE
VERO BEACH, FL 32960

Mailing Address
1290 28TH AVE
VERO BEACH, FL 32960

01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
565 MICHAEL ST.	565 MICHAEL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBASTIAN, FL	City & State: SEBASTIAN FL
Zip: 32958 Country: U.S.	Zip: 32958 Country: U.S.

4. FEI Number 20-0624648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LACKEY, MATTHEW
1290 28TH AVE
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
565 MICHAEL ST.

City SEBASTIAN FL Zip Code 32958

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 ____________________ DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LACKEY, MATTHEW 1290 28TH AVE 565 MICHAEL ST. VERO BEACH, FL 32960 SEBASTIAN, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LACKEY, RACHAEL 1290 28TH AVE 565 MICHAEL ST. VERO BEACH, FL 32960 SEBASTIAN FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/9/05 772-589-2581

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