


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000014021	
1. Entity Name ALL TRADES OF NORTH FLORIDA, INC.	

Principal Place of Business 409 E. STREET ST. AUGUSTINE, FL 32080	Mailing Address 1093 A1A BEACH BOULEVARD PMB 145 ST. AUGUSTINE, FL 32080
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03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0622921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GALANTOWICZ, SUZANNE 409 E. STREET SAINT AUGUSTINE, FL 32080

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD KILLINGSWORTH, BRIAN 409 E. STREET ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALANTOWICZ, SUZANNE 409 E. STREET ST. AUGUSTINE, FL 32080
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05/22/08-80097-017 150.00

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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.	
SIGNATURE: <u>Suzanne Galantowicz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>4/26/08</u> Daytime Phone # <u>904-461-5683</u>