

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098504

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: ALL CONTRACTOR SERVICES, INC.

## Current Principal Place of Business:

1742 SE LORRANIE ST.  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 13852  
FT. PIERCE, FL 34979

## New Mailing Address:

FEI Number: 42-1636985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A  
BOX 1339906  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

DIFRANCESCO, JAMIE L P  
1742 SE LORRAINE ST.  
PORT ST. LUCIE, FL 34952 US

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: JAMIE DIFRANCESCO

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DIFRANCESCO, JAMIE  
Address: 1742 SE LORRANIE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: P ( ) Delete  
Name: DIFRANCESCO, JAMIE  
Address: 1742 SE LORRAINE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP ( ) Delete  
Name: DIFRANCESCO, JAMIE  
Address: 1742 SE LORRAINE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Delete  
Name: EDENFIELD, CHRISTINA  
Address: 1742 SE LORRAINE ST  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: T ( ) Delete  
Name: EDENFIELD, CHRISTINA  
Address: 1742 SE LORRAINE ST  
City-St-Zip: PORT ST. LUCIE, FL 34952

## 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: S (X) Change ( ) Addition  
Name: EDENFIELD, CHRISTINA L  
Address: 1742 SE LORRAINE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMIE DIFRANCESCO

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date