

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133669

FILED
Jan 24, 2008
Secretary of State

Entity Name: A-1 SALES AND SERVICES, INC.

Current Principal Place of Business:

5419 SW 79 TERRACE
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5419 SW 79 TERRACE
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 20-1687068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PYE, THOMAS G ESQ
3909 NEWBERRY RD
SUITE C
GAINESVILLE, FL 32607 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MOSES, HOWARD
Address: 5419 SW 79 TERRACE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VP () Delete
Name: DOUGLAS, WYMAN
Address: 4106 NORTH RINGWOOD CIRCLE
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MOSES, SUSAN
Address: 5419 SW 79 TERRACE
City-St-Zip: GAINESVILLE, FL 32608 US

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: HOWARD L. MOSES

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date