## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P04000135121** 05-04-2005 90126 041 \*\*\*150.00 ALL ABOUT PROMOTIONS . EMBROIDERY & SCREEN PRINTING, INC. Principal Place of Business Mailing Address 3850 E. GULF TO LAKE HWY 3850 E. GULF TO LAKE HWY INVERNESS, FL 34453 INVERNESS, FL 34453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 20-16 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ella Howe ALLEN, DEBBIE Street Addre Box Number is Not Acceptable) 3850 E. GULF TO LAKE HWY INVERNESS, FL 34453 NURRHESS 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 ag SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change **DPST** Addition TITI F TITLE Delete Debbie NAME ALLEN, DEBBIE NAME POBOX 640430 STREET ADDRESS 2121 W HUNTINGTON DR STREET ADORESS CITY-ST-ZIP BEVERLY HILLS, FL 34465 CITY-ST-ZIP Bovern Hous Fr 34464 -0430 TITLE ☐ Change ■ Addition Delete HARRIS, RICK NAME NAME STREET ADORESS STREET ADDRESS 2121 W HUNTINGTON DR CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS, FL 34465 <u>∿PST</u> Addition Delete TITLE ☐ Change TITLE NAME HOWE, ELLA STREET ADDRESS STREET ADDRESS 3850 E Gulf to lake Huy, Shire 10 CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL 344 53 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this tling 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 frue 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 of an address, with all other like empowered. o **S** SIGNATURE: FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 04, 2005 8:00 am