

# ANNUAL REPORT

DOCUMENT # P04000144829

1. Entity Name  
ALL REALTY, INC.



**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90148 049 \*\*\*150.00

Principal Place of Business  
2270 N US 1  
FT PIERCE, FL 34946

Mailing Address  
2270 N US 1  
FT PIERCE, FL 34946



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1794771

Applied

Not App

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYNENKO, JUDITH  
2869 SE PERU ST  
PT ST LUCIE, FL 34984

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
SYNENKO, JUDITH  
2869 SE PERU ST  
PT ST LUCIE, FL 34984 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ A

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
TOMASSI, ASSUNTA  
351 ANCHOR WAY  
FT PIERCE, FL 34946 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ A

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ A

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Syenko - JUDITH SYNENKO 4/25/05 (772) 461-159-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
*All Realty, Inc.*

PO4006/44/829

2270 North U.S. 1 • Fort Pierce, FL 34946 • Direct (772) 285-5418 • Fax (772) 460-0667  
Email synenko@aol.com 66023457

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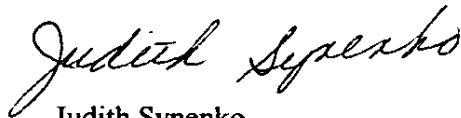
July 26, 2005

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302

Gentlemen:

I received a card again regarding this All Realty Inc. I have sent this info previously. Please note your records accordingly.

Sincerely,



Judith Synenko