

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145410

FILED
May 01, 2008
Secretary of State

Entity Name: ALL MAINTENANCE AND LANDSCAPING SERVICES, INC.

Current Principal Place of Business:

31616 KELLY CIRCLE
TAVARES, FL 32778

New Principal Place of Business:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

Current Mailing Address:

31616 KELLY CIRCLE
TAVARES, FL 32778

New Mailing Address:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789

FEI Number: 20-1782299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JAMES D
31616 KELLY CIRCLE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

GORDON, ANGELIA
201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789 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: ANGELIA L GORDON

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSO, PAULIE
Address: 209 LAGO VISTA BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: VP (X) Delete
Name: MOORE, JAMES D
Address: 31616 KELLY CIRCLE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GORDON, ANGELIA
Address: 201 W CANTON AVENUE #125 A
City-St-Zip: WINTER PARK, FL 32789

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: ANGELIA L GORDON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date