

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157160

Entity Name: ALL TYPE VAC & SEW INC

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

1147 S VOLUSIA AVE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1616 OLD DAYTONA STREET
DELAND, FL 32724

New Mailing Address:

FEI Number: 20-1896740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN, WAYNE W
1925 E PLYMOUTH AVE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

GODWIN, WAYNE W
2148 VILLA WAY
NEW SMYRNA BEACH, FL 32169 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: WAYNE W GODWIN

02/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GODWIN, WAYNE W
Address: 1925 E PLYMOUTH AVE
City-St-Zip: DELAND, FL 32724 US

Title: S () Delete
Name: GODWIN, WAYNE W
Address: 1925 E PLYMOUTH AVE
City-St-Zip: DELAND, FL 32724 US

Title: T () Delete
Name: LEIGHTON, RUSSELL W
Address: 848 NAVEL ORANGE DRIVE
City-St-Zip: ORANGE CITY, FL 32763 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GODWIN, WAYNE W
Address: 2148 VILLA WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: S (X) Change () Addition
Name: GODWIN, WAYNE W
Address: 2148 VILLA WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: RUSSELL W LEIGHTON

T

02/07/2008

Electronic Signature of Signing Officer or Director

Date