

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-27-2008 90033 028 ***150.00
P05000027172

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 PM 3:37



1st MOORE CR2E034 (10/07)

DOCUMENT # P05000027172 1. Entity Name ALL THAT & MORE SPECIAL EVENTS INC.																													
Principal Place of Business 4078 CONWAY PLACE CIRCLE ORLANDO FL 32812			Mailing Address 4078 CONWAY PLACE CIRCLE ORLANDO FL 32812																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number AP-PLIED FOR ☐ Applied For ☒ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SEGEE, KAREN 4078 CONWAY PLACE CIRCLE ORLANDO FL 32812																											
7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when removing)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">CEO</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SEGEE, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4078 CONWAY PLACE CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32812</td> <td></td> </tr> </table>			TITLE	CEO	☐ Delete	NAME	SEGEE, KAREN		STREET ADDRESS	4078 CONWAY PLACE CIRCLE		CITY-ST-ZIP	ORLANDO FL 32812		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	CEO	☐ Delete																											
NAME	SEGEE, KAREN																												
STREET ADDRESS	4078 CONWAY PLACE CIRCLE																												
CITY-ST-ZIP	ORLANDO FL 32812																												
TITLE		☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-12-08 (407)856-1137 Date Document Number																										