

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000064018

1. Entity Name

ALL AMERICAN CONVENIENCE STORE, INC.



FILED
Apr 30, 2008 08:00 AM
Secretary of State

Principal Place of Business

1817 S. FERN CREEK AVENUE
ORLANDO FL 32806
US

Mailing Address

1817 S. FERN CREEK AVENUE
ORLANDO FL 32806
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 20-3363711

Applied For
Not Applicable

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

BREWER, KURT FORREST ESQ.
2300 CURRY FORD ROAD
ORLANDO FL 32806

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 individual agent with title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME EISENBERG, DAVID
STREET ADDRESS 940 WOLF TRAIL
CITY-STATE-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
NAME U00000935146
STREET ADDRESS 05/23/08-80061-007 150.00
CITY-STATE-ZIP

TITLE VP ☐ Delete
NAME COLLURA, THOMAS
STREET ADDRESS 275 E. CENTRAL PARKWAY, APT. 1318
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME COLLURA, OKSANA
STREET ADDRESS 275 E. CENTRAL PARKWAY, APT. 1318
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *Oksana Collura* OKSANA COLLURA 4/26/08 321-436-6479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR