

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90069 030 ***150.00

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1. Entity Name
ALL STATE SALES & SUPPLY CO.



Principal Place of Business Mailing Address
PO BOX 300993 PO BOX 300993
FERN PARK, FL 32730 US FERN PARK, FL 32730 US

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country
582 ORANGE DR 100 ALTAMONTE SPRING, FL 32701 USA

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



05252007 Chg-P CR2E034 (12/06)

4. FEI Number 14-1937675 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLE, JOHN M 582 ORANGE DR #100 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, JOHN M	
STREET ADDRESS	582 ORANGE DR # 100	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	SCC	<input type="checkbox"/> Delete
NAME	WASHINGTON, NANCY D	
STREET ADDRESS	469 HIDDEN MEADOWS LOOP # 107	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: JOHN M. COLE 6/4/07 407-831-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #