

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

01-27-2006 90033 049 ***150.00

DOCUMENT # P05000138519 1. Entity Name ALL SUPPORT SERVICE INC			
Principal Place of Business 4216 ERINDALE DR NORTH FORT MYERS, FL 33903		Mailing Address 4216 ERINDALE DR NORTH FORT MYERS, FL 33903	
2. Principal Place of Business 1025 SW 11TH CT Suite, Apt. #, etc.		3. Mailing Address 1025 SW 11TH CT Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33991	Country	Zip 33991	Country
- 6. Name and Address of Current Registered Agent - GUERRA, JAIME 4216 ERINDALE DR NORTH FORT MYERS, FL 33903		7. Name and Address of New Registered Agent - Name GUERRA JAIME Street Address (P.O. Box Number is Not Acceptable) 1025 SW 11TH CT City CAPE CORAL FL Zip Code 33991	
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 <u>X</u> <i>Jaime Guerra</i> DATE <u>1/24/06</u> <small>Signature, typed or printed name of registered agent required if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 3, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GUERRA, JAIME STREET ADDRESS 4216 ERINDALE DR CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE P NAME GUERRA JAIME STREET ADDRESS 1025 SW 11TH CT CITY-ST-ZIP CAPE CORAL FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME GUERRA, GILBERTO STREET ADDRESS 4216 ERINDALE DR CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PISCHKE, GREGOR STREET ADDRESS 4216 ERINDALE DR CITY-ST-ZIP NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE S NAME PISCHKE GREGOR STREET ADDRESS 1025 SW 11TH CT CITY-ST-ZIP CAPE CORAL FL 33991	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplementary 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 <u>X</u> <i>Jaime Guerra</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>1/24/06</u> (239) 898-0668 <small>Date Daytime Phone #</small>	

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01242008 Chg-P CR2E034 (11/05)

4. FEI Number **20-3610583** Applied For ☐ Not Applicable ☐

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



ATTACHMENT

66003039

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

ALL SUPPORT SERVICE INC
1025 SW 11TH CT
CAPE CORAL, FL 33991

Subject: **ALL SUPPORT SERVICE INC**

Reference Number: **P05000138519**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION