2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000144671

1. Entity Name
ALL IN ADVERTISING & SALES, INC.

Principal Place of Business	Mailing Address
7259 MAGNOLIA VALLEY DRIVE	7259 MAGNOLIA VALLEY DRIVE
NEW PORT RICHEY, FL 34653	NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS SPACE

03222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
04-3831624	Not Applicable

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

6. Name and Address of Current Registered Agent

SLONE, JASON C
7259 MAGNOLIA VALLEY DRIVE
NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS SPACE

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 _____ Jason C. Slone _____ 5/1/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	SLONE, JASON C
STREET ADDRESS	7259 MAGNOLIA VALLEY DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	D
NAME	SLONE, JASON C
STREET ADDRESS	7259 MAGNOLIA VALLEY DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Jason C. Slone _____ 5/1/07   727-967-1953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #