


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000144671		
1. Entity Name ALL IN ADVERTISING & SALES, INC.		

Principal Place of Business 7259 MAGNOLIA VALLEY DRIVE NEW PORT RICHEY, FL 34653	Mailing Address 7259 MAGNOLIA VALLEY DRIVE NEW PORT RICHEY, FL 34653
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2. Principal Place of Business - No P.O. Box # 9511 Calle Altade	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Port Richey FL	City & State
Zip 34655	Country Pasco

09112008 Chg-P CR2E034 (12/06)

4. FEI Number 04-3831624	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SLONE, JASON C 7259 MAGNOLIA VALLEY DRIVE NEW PORT RICHEY, FL 34653	

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 _____
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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SLONE, JASON C 7259 MAGNOLIA VALLEY DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800135964599 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/16/08--01020--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLONE, JASON C 7259 MAGNOLIA VALLEY DRIVE NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$79/15 <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
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
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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 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	9/11/08 727-505-7700 Date Daytime Phone #
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FILED
08 SEP 15 PM 4:02
STATE
TALLAHASSEE, FLORIDA

