

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 20, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000146037

1. Entity Name
ALL 4 HIM INDUSTRIES, INC.



Principal Place of Business
2150 HARRIET DRIVE
TALLAHASSEE, FL 32303 US

Mailing Address
2150 HARRIET DRIVE
TALLAHASSEE, FL 32303 US



07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0134132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HANKS, SARAH D
2150 HARRIET DRIVE
TALLAHASSEE, FL 32303

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000772465
08/20/07-90005-001 150.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P HANKS, SARAH D 2150 HARRIET DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HODGE, JOSHUA J 2150 HARRIET DRIVE TALLAHASSEE, FL 32303
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TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/07

Daytime Phone #

(850) 591-5770
(850) 562-0067