

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000148512

1. Entity Name
ALL FREE REALTY INC



Principal Place of Business
**9339 W SAMPLE RD
CORAL SPRINGS, FL 33065**

Mailing Address
**PO BOX 8760
CORAL SPRINGS, FL 33075 87**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3751840	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

**ROLLER, PHILLIP
9339 W SAMPLE RD
CORAL SPRINGS, FL 33065**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000951136
06/04/08-80020-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLLER, PHILLIP POB 8760 POMPANO BEACH, FL 33075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLER, SANDRA Z POB 8760 POMPANO BEACH, FL 33075
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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

4/25/08 954 295867
Date Daytime Phone #