

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P05000154879

1. Entity Name
ALL AMERICAN PROFESSIONAL SERVICES, INC.



Principal Place of Business
**7465 STATE ROAD 21 NORTH
SUITE C
KEYSTONE HEIGHTS, FL 32656**

Mailing Address
**5006 COUNTY ROAD 214 NORTH
KEYSTONE HEIGHTS, FL 32656**



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3839639

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROFT, SYLVIA A
5006 COUNTY ROAD 214 NORTH
KEYSTONE HEIGHTS, FL 32656**

**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 *Sylvia A. Croft* *SYLVIA A. CROFT* *03/05/2008*
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, 2008 Fee will be \$550.00**

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

U00000852183

03/26/08-80018-017 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CROFT, SYLVIA A**
STREET ADDRESS **5006 COUNTY ROAD 214 NORTH**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **VP**
NAME **RIZZO, MARY E**
STREET ADDRESS **6440 WOLVERINE LANE**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

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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: *Sylvia A. Croft* *SYLVIA A. CROFT* *03/05/08* *352-478-5001*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #