


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000007819 1. Entity Name ALL THINGS ARE POSSIBLE, INC	
---	---

Principal Place of Business 10406 NW 234TH STREET ALACHUA, FL 32615	Mailing Address P.O. 1085 HIGH SPRINGS, FL 32655
---	--

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4142604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRUITT, LESLIE J 10406 NW 234 TH STREET ALACHUA, FL 32615

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRUITT, DALE E 10406 NW 234TH STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PRUITT, JASON D 10406 NW 234TH STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PRUITT, AARON D 10406 NW 234TH STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T PRUITT, LESLIE J 10406 NW 234TH STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000933924
05/23/08-80011-016 150.00

**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: *Leslie Pruitt* *Deey Brewster* 1/29/08 386454 4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #