2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P08000100116

Entity Name: ALL OUT ENTERPRISES, INC.

Current Principal Place of Business:

760 KNOX AVE SOUTH
LEHIGH ACRES, FL 33974

New Principal Place of Business:

760 KNOX AVE S0
LEHIGH ACRES, FL 33974

Current Mailing Address:

PO BOX 1325
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELCH, PEGGY
760 KNOX AVE SOUTH
LEHIGH ACRES, FL FL US

Name and Address of New Registered Agent:

WELCH, PEGGY
760 KNOX AVE SO
LEHIGH ACRES, FL 33974 US

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.

SIGNATURE: PEGGY WELCH 01/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WELCH, PEGGY
Address: PO BOX 1325
City-St-Zip: LEHIGH ACRES, FL 33970

Title: P (X) Delete
Name: WELCH, MARIE
Address: PO BOX 1325
City-St-Zip: LEHIGH ACRES, FL 33970

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY WELCH P 01/07/2009
Electronic Signature of Signing Officer or Director Date