


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000021573			
1. Entity Name ALL SERVICE HOME MAINTENANCE, INC.			
Principal Place of Business 19572 COLORADO CIRCLE BOCA RATON FL 33434		Mailing Address 19572 COLORADO CIRCLE BOCA RATON FL 33434	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KAUFFMAN, SALLY T 19572 COLORADO CIRCLE BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Sally T. Kauffman</u> (NOTE: Registered Agent signature required when reconstituting) DATE: <u>1/30/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: KAUFFMAN, DENNIS M SR STREET ADDRESS: 19572 COLORADO CR CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 00000029498 02/04/04-80067-021 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: KAUFFMAN, SALLY T STREET ADDRESS: 19572 COLORADO CR CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sally J. Kauffman SALLY KAUFFMAN 1/30/04 561-482-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR