


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90155 045 \*\*\*150.00

|  |  |                     |  |   |  |
|--|--|---------------------|--|---|--|
| <b>DOCUMENT # P95000088473</b><br>1. Entity Name<br>ALL FLORIDA SERVICES, INC.   |  |                     |  |    |  |
| Principal Place of Business<br>2831 RINGLING BLVD.<br>SUITE 218F<br>SARASOTA, FL 34237   |  |                     | Mailing Address<br>2831 RINGLING BLVD.<br>SUITE 218F<br>SARASOTA, FL 34237                                   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |   |  |
| City & State   |  | City & State        |  |   |  |
| Zip  | Country  | Zip                 | Country  | 4. FEI Number<br>65-0634855   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |  |                     |  | 7. Name and Address of New Registered Agent   |  |
| KOVACS, DONALD<br>2831 RINGLING BLVD<br>218F<br>SARASOTA, FL 34237   |  |                     |  | Name <b>Gerald Bishop</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>2831 RINGLING BLVD., STE 218F<br>SARASOTA FL 34237-5334<br>City _____ State <b>FL</b> 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>Gerald Bishop, Mgr</u> 3/1/06 941 366 7466<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  |                     | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br>BISHOP, GERALD F<br>2831 RINGLING BLVD 218F<br>SARASOTA, FL 34237 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>VP Secy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input type="checkbox"/> Delete<br>DUDA, LINDA C<br>2831 RINGLING BLVD 218F<br>SARASOTA, FL 34237    |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u>Gerald Bishop Pres</u> 3/1/06 941 366 7466<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |                     |  |   |  |