

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90020 036 ***150.00

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1. Entity Name
ALL FLORIDA SERVICES, INC.



Principal Place of Business
2831 RINGLING BLVD.
SUITE 218F
SARASOTA, FL 34237

Mailing Address
2831 RINGLING BLVD.
SUITE 218F
SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

40051000



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0634855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISHOP, GERALD
2831 RINGLING BLVD, STE 218F
SARASOTA, FL 34237-5334

**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 _____

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

10. OFFICERS AND DIRECTORS

TITLE PT
NAME BISHOP, GERALD F
STREET ADDRESS 2831 RINGLING BLVD 218F
CITY-ST-ZIP SARASOTA, FL 34237

TITLE VPS
NAME DUDA, LINDA C
STREET ADDRESS 2831 RINGLING BLVD 218F
CITY-ST-ZIP SARASOTA, FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G Bishop P 2/28/08 941 366 7466