04/26/2004 18:46 [redacted]

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Secretary of State
04-30-2004 90250 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000028288

1. Entity Name
ALL SMALL SERVICES, INC.

Principal Place of Business	Mailing Address
931 WEST 15 STREET RIVIERA BEACH, FL 33404	P.O. BOX 17911 WEST PALM BEACH, FL 33416

DO NOT WRITE IN THIS SPACE

4262004 [redacted] CR2E054 (10/03)

2. FEI Number
65-0917393
☐ Applied For
☐ Not Applicable

3. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

4. Name and Address of Current Registered Agent	5. Name and Address of New Registered Agent
POJE, GLADYS L 2891 ALICE DRIVE PALM SPRINGS, FL 33461	Name GLADYS L POJE Street Address (P.O. Box Number is Not Acceptable) 16030 E ALAN BLACK BLVD City LOXAHATCHEE, FL FL Zip Code 33470

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, with respect to the obligations of registered agent.

SIGNATURE: Gladys L Poje 4/26/04
Signature, type or print the name of registered agent and, if applicable, the office. (NOTE: Registered Agent must always accompany this form.) Date

FILE NOW: FEE IS $150.00
After May 1, 2004 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	POJE, GLADYS L
STREET ADDRESS	16030 EAST ALAN BLACK BLVD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	VPS
NAME	DENKER, JULIE
STREET ADDRESS	16030 EAST ALAN BLACK BLVD
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gladys L Poje 4/26/04
Signature and typed or printed name of officer or director Date Daytime Phone #