2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachr

SIGNATURE:

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # P99000028288 1. Entity Name 04-27-2005 90322 026 ***150.00 ALL SMALL SERVICES, INC. Principal Place of Business Mailing Address 931 WEST 15 STREET P.O. BOX 17911 14000625 **RIVIERA BEACH FL 33404** WEST PALM BEACH FL 33416 Mailing Address 2. Principal Place of Business 6030 FAST ALAN Suite, Apt. #, etaBLACK BLVD Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0917393 LOXA HATCH PALM Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33416 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POJE, GLADYS L Street Address (P.O. Box Number is Not Acceptable) 16030 E. ALA BLACK BLVD LOXAHATCHEE FL 33470 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO PARTICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PIRECTOR, PRESISECREM DΡ TITLE Delete TITLE ☐ Addition POJE, GLADYS L NAME NAME 16030 EAST ALAN BLACK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-7IP VICE PRESIDENT **VPS** ☐ Delete Change TITLE TITLE ■ Addition NAME DENKER, JULIE NAME 16030 EAST ALAN BLACK BLVD STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE BILLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED