## 2007 FOR PROFIT CORPORATION - ANNUAL REPORT

## DOCUMENT # P99000041018

1. Entity Name

ALL SERVICE OF FLAGLER COUNTY, INC.

FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1267 COUNTY ROAD 302 BUNNELL, FL 32110 P.O. BOX 1869 BUNNELL, FL 32110



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3578044

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN 25 PINE CONE DRIVE SUITE 2 A PALM COAST, FL 32164

## DO NOT WRITE IN THIS SPACE

				8-p
	named entity submits this statement for the pions of registered agent	ourpose of changing its registere	d office or registered agent, or	r both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	t applicable (NOTE Registered	Agent signature required when roinstating	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be	
10.	. OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LEMON, KENDALL A 1267 COUNTY RD 302 BUNNELL, FL 32110		* * * * * * * * * * * * * * * * * * * *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000592414 01/19/07-80061-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D	O NOT WRITE
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TITLE			, t	

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:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

///7/07

386 - 931 - 427

Daytime Phone #