

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90719 039 ***150.00

DOCUMENT # P99000066354

1. Entity Name

ALL WAYS SUPPORT SERVICES, INC.



Principal Place of Business
16119 NORTHGLENN DR.
TAMPA FL 33618

Mailing Address
PO BOX 1434
LAND O LAKES FL 34639

94056912



MOORE CR2E034 (11/03)

2. Principal Place of Business

18916 Apian Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Zip
33558

Country
USA

Zip

Country

4. FEI Number

59-3590094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, LUCY E
16119 NORTHGLENN DR.
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

Lucy E. Allen

Street Address (P.O. Box Number is Not Acceptable)

18916 Apian Way

City

Lutz

FL

Zip Code

33558

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ALLEN, LUCY E
STREET ADDRESS 16119 NORTHGLENN DR.
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ Delete
NAME FOWLER, CURTIS J
STREET ADDRESS 16119 NORTHGLENN DR.
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

813-264-9844

Date

Daytime Phone #