

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84478

FILED
Apr 26, 2007
Secretary of State

Entity Name: ALL FLORIDA ENTERPRISES, INC.

Current Principal Place of Business:

22515 W. NEWBERRY RD
P.O. BOX 1320
NEWBERRY, FL 32669

New Principal Place of Business:

22515 W. NEWBERRY RD
NEWBERRY, FL 32669

Current Mailing Address:

P.O. BOX 1320
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-3088922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J
500 E. UNIVERSITY AVE., SUITE A
GAINESVILLE, FL 32602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, C.C.,
Address: 15422 SW 103RD AVE
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: DURRANCE, W. GERALD,
Address: 1129 SW 170TH ST
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONES, C.C.

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date