

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S86019

1. Entity Name
ALLIED SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business
7770 COLONY LAKE DR
BOYNTON BEACH, FL 33426 US

Mailing Address
PO BOX 243747
BOYNTON BEACH, FL 33424 US

FILED
Sep 11, 2008 08:00 AM
Secretary of State



08292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0285876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRANT, RICHARD PRES
7770 COLONY LAKE DR
BOYNTON BEACH, FL 33436

**DO NOT WRITE
IN THIS SPACE**

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)

U000000959496

09/11/08 80002 011 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GRANT, RICHARD PRES 7770 COLONY LAKE DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GRANT, RICHARD SEC 7770 COLONY LAKE DR BOYNTON BEACH, FL 33436
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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 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

Richard Grant

Sep 1 - 2 - 08

561-848-9555