


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90084 014 ***150.00

DOCUMENT # V08872 1. Entity Name ALL STATE PROCESS SERVICE AND PRIVATE INVESTIGATIONS, INC.					
Principal Place of Business 5640 MERCHANT DR. COCOA, FL 32927 US			Mailing Address P.O. BOX 115 SHARPES, FL 32959 US		
2. Principal Place of Business 5360 Date Palm St. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Cocoa FL		City & State		4. FEI Number 59-3170677	
Zip 32927		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, BILLY 413 ARABELLA LANE COCOA, FL 32927			7. Name and Address of New Registered Agent Name Wilson Billy Street Address (P.O. Box Number is Not Acceptable) 5360 Date Palm St. City Cocoa FL Zip Code 32927		
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 Billy Wilson P Billy Wilson P 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, BILLY 413 ARABELLA LANE COCOA, FL 32927 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wilson Billy 5360 Date Palm St. Cocoa FL 32927 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Billy Wilson</u> <u>Billy Wilson P</u> <u>4/28/06</u> <u>321-632-6377</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT
Division of Corporations

40089937

Annual ReportAnnual Report Help

Document Number

V08872

Business Entity Name

**ALL STATE PROCESS SERVICE AND PRIVATE
INVESTIGATIONS, INC.**

FEI Number

593170677

FEI Number Status

☒ Listed Above ☐ Applied For
☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund
Contribution☐ Yes ☒ No**Principal Place of Business**

Address

5360 Date Palm St.

Suite, Apt. #, etc.

City, State

COCOA, FL

Zip Code & Country

32927US**Mailing Address**

Address

P.O. BOX 115

Suite, Apt. #, etc.

City, State

SHARPES, FL

Zip Code & Country

32959US**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

WILSON, BILLY**- OR -**

Business to serve as RA

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#108872

Address (PO Box is not acceptable)

5360 Date Palm St.

Suite, Apt. #, etc.

City, State

COCOA, FL

Zip Code & Country

32927 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

WILSON

BILLY

- OR -

Entity Name to serve as Officer/Director

Street Address

5360 Date Palm St.

City, State

COCOA, FL

Zip Code & Country

32927

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as

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Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

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Name (Last, First, Middle, Title) _____, _____, _____, _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____, _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

Billy Wilson

4/28/06

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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