


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90083 004 \*\*\*158.75

**DOCUMENT # L83347**  
 1. Entity Name  
**ALL-PRO INTERIORS, INC.**



Principal Place of Business Mailing Address  
**4701 SW 45 ST** **PO BOX 245400**  
**BAY 19** **HOLLYWOOD FL 33024**  
**FORT LAUDERDALE FL 33314**



2. Principal Place of Business 3. Mailing Address  
**5081 South S.R.-7**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**UNIT 810**

1st MOORE CR2E034 (10/05)

City & State City & State  
**DAVIE FLORIDA**

4. FEI Number **65-0200834** Applied For  
 Not Applicable

Zip Country Zip Country  
**33314** **BROWARD**

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

6. Name and Address of Current Registered Agent  
**SHEEHAN, DANIEL F.**  
**6621 SW 56TH ST**  
**DAVIE FL 33314**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SHEEHAN, DANIEL F.	
STREET ADDRESS	6621 SW 56TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	DAVIS, JOSEPH H.	
STREET ADDRESS	6828 S.W. 15TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph Davis **JOSEPH DAVIS** 2-6-06 (95A)625-2220  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davine Phone #