

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90166 026 ***150.00

DOCUMENT # P02000107043 1. Entity Name ALL IN ONE TOTAL PACKAGE REMODELING INC.			
Principal Place of Business 4431 BANNEKA STREET ORLANDO, FL 32811		Mailing Address 4431 BANNEKA STREET ORLANDO, FL 32811	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3210 Kenelworth Dr Suite, Apt. #, etc. #27	
City & State 		City & State East Point, GA	
Zip 	Country 	Zip 30344	Country USA
4. FEI Number 75-3083448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGEE, ANINA S 4431 BANNEKA ST ORLANDO, FL 32811		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 PD DATE 4/29/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 MAGEE, ALI R 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUIS, WILLIAM 1479 ROSE BLVD ORLANDO, FL 32839	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGEE, ANNA S 4431 BANNEKA ST. ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	MAGEE, ANINA S 4431 Banneka ST. Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGEE, MIKAL 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete	Magee, Nanif T 4431 Banneka ST. Orlando, FL 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGEE, ALI 4431 BANNEKA STREET ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: PD		Date 4/29/05 Daytime Phone # (407) 399-1787	

50047424

