


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000060099**  
 1. Entity Name  
**ALL IN 1 RESTORATION, INC.**



Principal Place of Business      Mailing Address  
 6224 PLAINS DR                      6224 PLAINS DR  
 LAKE WORTH, FL 33463              LAKE WORTH, FL 33463

**DO NOT WRITE IN THIS SPACE**



05032005    No Chg-P    C 2E034 (10/03)

4. FEI Number  
**11-3694483**

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

6. Name and Address of Current Registered Agent  
 BAILEY, BRAD  
 6224 PLAINS DR  
 LAKE WORTH, FL 33463

**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 (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$250.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAILEY, BRAD W
STREET ADDRESS	6224 PLAINS DR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

00000361895  
 05-05-09-80035-005-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I warrant 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; of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has changed, or on an attachment with an address, with all other like empowered.

I certify that the information at I am an officer or director ars in Block 10 or Block 11 if

**SIGNATURE:** Brad Bailey      04/29/05      Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day(s) Phone #