

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 653879

**Entity Name:** ALL TYPE VACUUM CENTER, INC.

**Current Principal Place of Business:**

2225 N W 6TH ST  
GAINESVILLE, FL 32609

**Current Mailing Address:**

2225 N W 6TH ST  
GAINESVILLE, FL 32609

**FEI Number:** 59-2030902

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE ROCHEMONT, ROBERT  
2225 N W 6TH ST  
GAINESVILLE, FL 32609 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name DEROCHEMONT, ROBERT D  
Address 2225 N W 6TH ST  
City-State-Zip: GAINESVILLE FL 32609

Title VS  
Name BERNAL, RICHARD G  
Address 2225 NW 6TH ST  
City-State-Zip: GAINESVILLE FL 32609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD BERNAL

VP

02/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date