

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000050096

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC0678236473**

**Entity Name:** ALL IS WELL COMMERCIAL AND RESIDENTIAL PAINTING SERVICES INC.

**Current Principal Place of Business:**

925 TURTLE CREEK DR N  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

925 TURTLE CREEK DR N  
JACKSONVILLE, FL 32218

**FEI Number: 59-3645359**

**Certificate of Status Desired: No**

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

JOHNSON, EUGENE M  
925 TURTLE CREEK DR N  
JACKSONVILLE, FL 32218 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 JOHNSON, EUGENE M  
Address 925 TURTLE CREEK DR. N.  
City-State-Zip: JACKSONVILLE FL 32218

Title S  
Name JOHNSON, DORETHA Y  
Address 925 TURTLE CREEK DR. N  
City-State-Zip: JACKSONVILLE FL 32218

Title MD  
Name JOHNSON, DARRYL L  
Address 1016 KENMORE STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title T  
Name JOHNSON, ERVIN E  
Address 1484 W 16TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

*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: EUGENE M. JOHNSON**

**PRESIDENT**

**04/27/2017**

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

\_\_\_\_\_  
Date