

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000069653

**Entity Name:** ALL PRO ENCLOSURES, INC.

**Current Principal Place of Business:**

582 JOHNS CREEK PKWY  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

582 JOHNS CREEK PKWY  
ST AUGUSTINE, FL 32092

**FEI Number:** 26-0361449

**Certificate of Status Desired:** No

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

MATTHEWS, WESLEY P  
582 JOHNS CREEK PKWY  
ST AUGUSTINE, FL 32092 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 VS  
Name MATTHEWS, WESLEY P  
Address 582 JOHNS CREEK PKWY  
City-State-Zip: ST AUGUSTINE FL 32092

Title DPT  
Name SCHREIBER, AMANDA M  
Address 582 JOHNS CREEK PKWY  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** WESLEY MATTHEWS

**VICE PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date