


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 625870
 1. Entity Name
 DO IT ALL, INC.



Principal Place of Business
 16332 VALENCIA BLVD
 LOXAHATCHEE, FL 33470

Mailing Address
 16332 VALENCIA BLVD
 LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1975341	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, A. A.
 16332 VALENCIA BLVD
 LOXAHATCHEE, FL 33470

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TURNER, ARCHIBALD A 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TURNER, RUFINA L 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ANTHONY 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS NEAL, ANN 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, ARCHENE 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, DONNA 16332 VALENCIA BLVD LOXAHATCHEE, FL 33470

U00000683278
 04/05/07-80038-012 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Archibald Turner 3-26-07 561-204-1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #