

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000002407

1. Entity Name
ALL COVERED, INC.



Principal Place of Business
**8875 HIDDEN RIVER PKWY, SUITE 300
TAMPA, FL 33637**

Mailing Address
**101 REDWOOD SHORES PKWY, SUITE 200
REDWOOD CITY, CA 94065**

DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
94-3281881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MOTT, TIM
STREET ADDRESS	101 REDWOOD SHORES PKWY STE 200
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	CEO
NAME	LAUGHLIN, KEVIN
STREET ADDRESS	101 REDWOOD SHORES PKWY STE 200
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	CFO
NAME	ZAPOTOSKY, BOB
STREET ADDRESS	101 REDWOOD SHORES PKWAY, STE 200
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	VP
NAME	RICARELLO, FRANK
STREET ADDRESS	101 REDWOOD SHORES PKWAY, STE 200
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Robert Zapotosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

650-486-5000

Daytime Phone #