

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # H24523

1. Entity Name
ALL FLORIDA PROPERTIES, INC.



Principal Place of Business

1071 PT MALABAR RD.
SUITE 202
PALM BAY, FL 32905 US

Mailing Address

1071 PT MALABAR RD.
SUITE 202
PALM BAY, FL 32905 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2455693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BULL, JONATHAN F
1071 PORT MALABAR BLVD. NE
#203
PALM BAY, FL 32905

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAIORANI, MICHAEL
STREET ADDRESS	1071 PORT MALABAR BLVD. NE #202
CITY-ST-ZIP	PALM BAY, FL 32905

TITLE	V
NAME	MAIORANI, JUDITH M
STREET ADDRESS	4815 SWEET GUM PLACE
CITY-ST-ZIP	MELBOURNE, FL 32904

TITLE	ST
NAME	MAIORANI, RAYMOND M
STREET ADDRESS	4815 SWEET GUM PLACE
CITY-ST-ZIP	MELBOURNE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 321 768-9561
Date Daytime Phone #