

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M76239

FILED
Mar 12, 2008
Secretary of State

Entity Name: ALL AROUND EQUIPMENT, INC.

Current Principal Place of Business:

15620 N. NEBRASKA AVENUE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

15620 N. NEBRASKA AVENUE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-2885064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, E. JACKSON
501 E. KENNEDY, SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SWITZER, JOHN W
Address: 1012 CENTER LAKE BURRELL
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: MEREDITH, BARBARA L
Address: 3504 LAKE BREEZE DR
City-St-Zip: LAND O'LAKES, FL 34639

Title: CD () Delete
Name: SWITZER, LORETTA,
Address: 1012 CTR LAKE BURRELL
City-St-Zip: LUTZ, FL

Title: VD () Delete
Name: SWITZER, JOHN W
Address: 401 E CHAPMAN RD
City-St-Zip: LUTZ, FL

Title: PD () Delete
Name: SWITZER, DAVID W
Address: 1012 CENTER LAKE BURRELL
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: SWITZER, LORETTA,
Address: 1012 CTR LAKE BURRELL
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change () Addition
Name: SWITZER, JOHN W
Address: 401 E CHAPMAN RD
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA L. MEREDITH

SD

03/12/2008

Electronic Signature of Signing Officer or Director

Date