



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90012 034 \*\*\*150.00

<b>DOCUMENT # P00000032795</b> 1. Entity Name <b>ALL FLORIDA HOME IMPROVEMENTS, INC.</b>					
Principal Place of Business <b>2800 ALLEN HILL AVE. MELBOURNE FL 32940</b>			Mailing Address <b>2800 ALLEN HILL AVE. MELBOURNE FL 32940</b>		
2. Principal Place of Business <b>2800 ALLEN HILL AVE</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>MELBOURNE FL</b> Zip <b>32940</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country <b>BROWARD</b>			
4. FEI Number <b>59-3642753</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (5/05)	
6. Name and Address of Current Registered Agent  <b>GUCCIONE, MICHAEL 2800 ALLEN HILL AVE. MELBOURNE FL 32940</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 re-registering) Signature, typed or printed name of registered agent and title if applicable DATE					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUCCIONE, MICHAEL 2800 ALLEN HILL AVE. MELBOURNE FL 32940	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Michael Guccione</u> 7-26-05-321-242-4988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

ATTACHMENT

060210360

**ALL FLORIDA HOME IMPROVEMENTS  
INC.**

**LICENSED & INSURED**

321-242-4988

2800 ALLENHILL AVE. MELBOURNE FLA. 32940

FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
P.O. BOX 6327 TALLAHASSEE FL. 32314  
REFERENCE #P00000032795-

8/17/05

WE NEVER RECEIVED ANY LETTER OR POST CARD BEFORE THE  
MAY FIRST DEADLINE.

THEREFORE I AM REQUESTING YOU TO WAIVE THE LATE FEE.

I AM RETURNING THE APPLICATION, WITH THE PROPER BOX  
CHECKED

I HOPE THIS IS SATISFACTORY, YOU ALREADY HAVE THE  
CHECK.

THANK YOU



Michael Guccione - president

: Mg/img