


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000065841 1. Entity Name ALL ABOUT ENCLOSURES, INC.	
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Principal Place of Business 6712 MAYAPPLE ROAD JACKSONVILLE, FL 32211	Mailing Address 6712 MAYAPPLE ROAD JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3656689	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OWENS, JOHN MICHAEL SR 6712 MAYAPPLE ROAD JACKSONVILLE, FL 32211

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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 _____

FILE NOW!!! FEE IS \$150.00* After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OWENS, JOHN MICHAEL SR 6712 MAYAPPLE ROAD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SERRENTINO, JOHN LEWIS 1100 OLD WAGON COURT MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIS, ANTHONY C 1710 WELLS ROAD, APT. 1027 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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02/02/04-80007-012 150.00

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: John M. Owens Sr. 1-28-04 904-334-4751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #