

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90075 050 ***150.00

DOCUMENT-# P00000065841

1. Entity Name

ALL ABOUT ENCLOSURES, INC.



Principal Place of Business

6712 MAYAPPLE ROAD
JACKSONVILLE FL 32211

Mailing Address

6712 MAYAPPLE ROAD
JACKSONVILLE FL 32211

2. Principal Place of Business - No P.O. Box #

6712 Mayapple Rd.

3. Mailing Address

6712 Mayapple Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax, FL

4. FEI Number

59-3656689

Applied For

Not Applicable

Zip

32211

Country

U.S.

Zip

32211

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

OWENS, JOHN MICHAEL SR
6712 MAYAPPLE ROAD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OWENS, JOHN MICHAEL SR
STREET ADDRESS 6712 MAYAPPLE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE STD
NAME SERRENTINO, JOHN LEWIS
STREET ADDRESS 1100 OLD WAGON COURT
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME Serrentino, John Lewis
STREET ADDRESS 1350 Riviera Dr
CITY-ST-ZIP greenCave Springs, FL 32043 ☒ Change ☐ Addition
Address only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John M. Owens sr.

John M. Owens sr.

1-30-07 904-334-4751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #