

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000071746

Entity Name: ALL ABOUT NAMES, INC.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16653 MAGNOLIA TERRACE BLVD.  
MONTVERDE, FL 34756

**New Principal Place of Business:**

**Current Mailing Address:**

16653 MAGNOLIA TERRACE BLVD.  
MONTVERDE, FL 34756

**New Mailing Address:**

FEI Number: 59-3665607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BANEY, THOMAS D  
16653 MAGNOLIA TERRACE  
MONTVERDE, FL 34756 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

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: BANEY, TOM  
Address: 16653 MAGNOLIA TERRACE  
City-St-Zip: MONTVERDE, FL 34756

Title: MRS  
Name: BANEY, VERA G  
Address: 16653 MAGNOLIA TERRACE  
City-St-Zip: MONTVERDE, FL 34756

I hereby 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 all other like empowered.

SIGNATURE: TOM BANEY

PRES

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date