


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000102607		
1. Entity Name ALL CORNERS OF DELAND, INC.		

APPROVED  
AND  
FILED

05 JUN 20 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 1201 US ONE #310 #310 NORTH PALM BEACH, FL 33408	Mailing Address 1201 US ONE #310 #310 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business Suite, Apt. #, etc. P.O. Box 202 City & State Gotha, FL Zip 34734 Country	3. Mailing Address Suite, Apt. #, etc. P.O. Box 202 City & State Gotha, FL Zip 34734 Country
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06142005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1052039  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWANN & HADLEY, P.A. 1031 W. MORSE BLVD STE 350 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00 Due by September 7, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ZEE, SNODY 1201 US HWY ONE 310 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600056731516 06/30/05--01003--006 **\$600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNODY, NATHAN 1201 U.S HWY ONE 310 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 300 Snody President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/05 (407) 296-3200  
Date Daytime Phone #