

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000098905

1. Entity Name

ALL AMERICA CONCEPTS AND DESIGN, INC.



Principal Place of Business

813 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701

Mailing Address

813 ORIENTA AVE
ALTAMONTE SPRINGS, FL 32701



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3750002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TUKDARIN & VNCAPHER, P.A.
228 HILLCREST ST
390 N ORANGE AVE STE 1100
ORLANDO, FL 32802

**DO NOT WRITE
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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MUSCATO, NICHOLAS J
STREET ADDRESS 360 FOREST PARK CIRCLE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE D
NAME STEINMETZ, LOUIS
STREET ADDRESS 1915 LOST SPRING CT
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U0000001D6974
U4/U8/U4-BU037-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04
Date

407 262 0433
Daytime Phone #