

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023859

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** ALL POINTS ACCOMMODATIONS, INC.

**Current Principal Place of Business:**

10863 PARK BOULEVARD  
STE. 10  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

11125 PARK BOULEVARD  
104-144  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 03-0405304      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CROWDER, JOE  
10863 PARK BOULEVARD  
STE. #10  
SEMINOLE, FL 33772 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: CROWDER, JOE M PRES  
Address: 6551 SHORELINE DR. #6201  
City-St-Zip: ST. PETERSBURG, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOE CROWDER

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date