

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000074437	
1. Entity Name ALL PHASE PROPERTIES INC.	

Principal Place of Business 7555 JENNER AVENUE NEW PORT RICHEY, FL 34655	Mailing Address 7555 JENNER AVENUE NEW PORT RICHEY, FL 34655
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DO NOT WRITE IN THIS SPACE

03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0737227	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EILEEN, CARAVELLO
7555 JENNER AVENUE
NEW PORT RICHEY, FL 34655**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	11000000264684 03/16/05-80022-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARAVELLO, EILEEN 7555 JENNER AVENUE NEW PORT RICHEY, FL 34655
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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: *Eileen Caravello* **3-11-05 727-534-0620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #