


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000084760 1. Entity Name AALL POWER, INC.	
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Principal Place of Business 1600 SUNSHINE DR CLEARWATER, FL 33765	Mailing Address 1600 SUNSHINE DR CLEARWATER, FL 33765
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0745308	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MITCHELL, JAMES R
1600 SUNSHINE DR
CLEARWATER, FL 33765**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MITCHELL, JAMES R 1600 SUNSHINE DR CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KILEY, RICHARD 1600 SUNSHINE DR CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BENNETT, LESLIE M 1600 SUNSHINE DR CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNETT, LESLIE M 1600 SUNSHINE DR CLEARWATER, FL 33765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/11/06-90001-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.

SIGNATURE:  **JAMES R. MITCHELL** 1/30/06 727-573-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #