

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099367

Entity Name: ALL BOXED UP 4 U INC.

FILED  
Apr 23, 2005  
Secretary of State

## Current Principal Place of Business:

209 S.W. 22 TERR  
CAPE CORAL, FL 33991

## New Principal Place of Business:

## Current Mailing Address:

209 S.W. 22 TERR  
CAPE CORAL, FL 33991

## New Mailing Address:

FEI Number: 04-3713078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUNTER, CLARENCE J  
209 S.W. 22 TERR  
CAPE CORAL, FL 33991 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAAVEDRA, NOELLIA  
Address: 209 S.W. 22 TERR  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP ( ) Delete  
Name: HUNTER, CLARENCE J  
Address: 1216 CAROLINA AVE  
City-St-Zip: CLEWISTON, FL 33440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARENCE HUNTER

VP

04/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date