
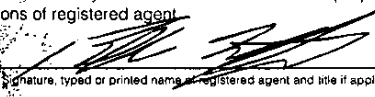
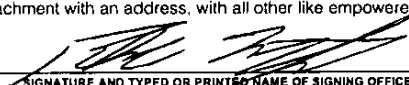


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 032 ***150.00

DOCUMENT # P02000105448 1. Entity Name ALL-OUT EXTERIOR SERVICES, INC.					
Principal Place of Business 4539 LAKEWOOD BLVD. NAPLES, FL 34112			Mailing Address 4539 LAKEWOOD BLVD. NAPLES, FL 34112		
2. Principal Place of Business - No P.O. Box # 3815 Valentia Way		3. Mailing Address 3815 Valentia Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA		4. FEI Number 82-0567834	
Zip 34119		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILLY, DAVID I 4539 LAKEWOOD BLVD. NAPLES, FL 34112		7. Name and Address of New Registered Agent Name BLAKE MARTIN Street Address (P.O. Box Number is Not Acceptable) 3815 Valentia Way City Naples FL Zip Code 34119			
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  DATE 2/22/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Delete BILLY, DAVID I 4539 LAKEWOOD BLVD. NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BLAKE MARTIN 3815 VALENTIA WAY NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VSD MARTIN, BLAKE 4539 LAKEWOOD BLVD. NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT AUDREY MARTIN 3815 VALENTIA WAY NAPLES FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: 			Date 2/22/07 Daytime Phone # 279 860-8905		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					