

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90056 023 ***150.00

DOCUMENT # P02000107043

1. Entity Name
ALL IN ONE TOTAL PACKAGE REMODELING INC.



Principal Place of Business
**4431 BANNEKA STREET
ORLANDO, FL 32811**

Mailing Address
**3210 KENELWORTH DRIVE
#27
EAST POINT, GA 30344**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
75-3083448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGEE, ANINA S
4431 BANNEKA STREET
ORLANDO, FL 32811**

Name **GMPG Inc**

Street Address (P.O. Box Number is Not Acceptable)
4431 Banneka St.

City **Orlando**

FL

Zip Code **32811**

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAGEE, ALI R	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	P	<input type="checkbox"/> Delete
NAME	LUIS, WILLIAM	
STREET ADDRESS	1479 ROSE BLVD	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAGEE, ANINA S	
STREET ADDRESS	3210 KENELWORTH DRIVE #27	
CITY-ST-ZIP	EAST POINT, GA 30344	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAGEE, MIKAL	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAGEE, HANIF T	
STREET ADDRESS	4431 BANNEKA STREET	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAGEE, MUNEERAH S	
STREET ADDRESS	4431 BANNEKA STREET	
CITY-ST-ZIP	ORLANDO, FL 32811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owner IP
STREET ADDRESS	Anina S. Magee
CITY-ST-ZIP	3254 Desert Cir Apt 19
	EAST Point GA 30344
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **Owners**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 (4) 396-7363
Date Daytime Phone #