2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# P03000070750

Entity Name: ALL-PRO DESIGN, INC.

Current Principal Place of Business:

4720 SALISBURY RD STE 27
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4720 SALISBURY RD STE 27
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-0063460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, RUSSELL E
5498 MARINERS COVE DR
JACKSONVILLE, FL 32210 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: DPT ( ) Delete
Name: LYNN, RUSSELL E
Address: 5498 MARINERS COVE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV ( ) Delete
Name: QUAGLIETTI, PETER J
Address: 1004 FLORA PARKE DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: S (X) Delete
Name: LYNN, LINDA A
Address: 5498 MARINERS COVE DR
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: LYNN, LINDA A
Address: 5498 MARINERS COVE DR
City-St-Zip: JACKSONVILLE, FL 32210

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: RUSSELL E. LYNN DPT 02/09/2005

Electronic Signature of Signing Officer or Director Date