

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115305

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Entity Name:** ALL CRAFT FIBERGLASS REPAIR, INC,

**Current Principal Place of Business:**

265 S.E. ETHAN TERRACE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

6947 SE TWIN OAKS CIRCLE  
STUART, FL 34997

**New Mailing Address:**

265 SE ETHAN TERRACE  
STUART, FL 34997

FEI Number: 20-0343393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROPIANO, VINCENT A  
6947 S.E. TWIN OAKS CIRCLE  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

TROPIANO, VINCENT A  
265 SE ETHAN TERRACE  
STUART, FL 34997 US

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

05/02/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TROPIANO, VINCENT A  
Address: 265 SE ETHAN TERRACE  
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: VINCENT A. TROPIANO

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

PRES

05/02/2012

\_\_\_\_\_  
Date