2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130497

1. Entity Name
ALL IN ONE SUBCONTRACTING INC.

Principal Place of Business	Mailing Address
2650 N. AVOCADO RD. AVON PARK, FL 33825	2650 N. AVOCADO RD. AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

01292006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0801803	Not Applicable

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

6. Name and Address of Current Registered Agent

CASTILLO, DAVID JR.
2650 N. AVOCADO RD.
AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000426694
02/20/06-80054-010   150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTILLO, DAVID JR.
STREET ADDRESS	2650 N AVOCADO RD.
CITY-ST-ZIP	AVON PARK, FL 33825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   2-6-06   863-873-6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #