

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000136575

**FILED  
Apr 30, 2009  
Secretary of State**

**Entity Name:** ALL AMERICAN HOME SERVICES COMPANY OF SW FL.

**Current Principal Place of Business:**

4983 PEPPER CIRCLE  
SUITE #205H  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770861  
NAPLES, FL 34107 US

**New Mailing Address:**

**FEI Number:** 57-1193309      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TAX, ACCOUNTING & FINANCIAL ASSOCIATES, IN  
809 WALKERBILT ROAD  
SUITE 5  
NAPLES, FL 34110 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: D ( ) Delete  
Name: TIEDEMANN, GARY C  
Address: P.O. BOX 770861  
City-St-Zip: NAPLES, FL 34107 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY C. TIEDEMANN

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date