## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000157772

Entity Name: ALL TRADES RESTORATION OF SW FLORIDA, INC.

FILED Feb 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

17050 ALICO COMMERCE CT #5 17050 ALICO COMMERCE CT #5

FT MYERS, FL 33912 FT MYERS, FL 33967

**Current Mailing Address: New Mailing Address:** 

17050 ALICO COMMERCE CT #5 17050 ALICO COMMERCE CT #5

FT MYERS, FL 33912 FT MYERS, FL 33967

FEI Number: 56-2425545 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GORDON, ROBERT MR. C/O GULF COAST RESTORATION 17050 ALICO COMMERCE CT #5

C/O GULF COAST RESTORATION 17050 ALICO COMMERCE CT #5 FT MYERS, FL 33912 US FT MYERS, FL 33967 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.

GORDON, ROBERT MR.

SIGNATURE: 02/12/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS ( ) Delete Title: MRS (X) Change ( ) Addition

Name: GORDON, MELINDA Name: GORDON, MELINDA 17050 ALICO COMMERCE CT #5 17050 ALICO COMMERCE CT #5 Address: Address:

City-St-Zip: FT MYERS, FL 33912 City-St-Zip: FT MYERS, FL 33967

Title: Title: () Delete (X) Change ( ) Addition GORDON, ROBERT MR Name: GORDON, ROBERT MR

Name: 17050 ALICO COMMERCE CT #5 17050 ALICO COMMERCE CT #5 Address: Address:

FT MYERS, FL 33912 FT MYERS, FL 33967 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete () Change () Addition

WHITE, KEVIN Name: Name: 11360 LAKE CYPRESS LOOP Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT GORDON **TRES** 02/12/2007