

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003409

FILED
Apr 27, 2004
Secretary of State

Entity Name: ALL ABOUT WOOD ROOMS, INC.

Current Principal Place of Business:

6124 ROUND LAKE RD S
JACKSONVILLE, FL 32277

New Principal Place of Business:

6124 ROUND LAKE RD S
JACKSONVILLE, FL 32277 US

Current Mailing Address:

6124 ROUND LAKE RD S
JACKSONVILLE, FL 32277

New Mailing Address:

6124 ROUND LAKE RD S
JACKSONVILLE, FL 32277 US

FEI Number: 20-0578613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTSON, DARRELL
6124 ROUND LAKE RD S
JACKSONVILLE, FL 32277

Name and Address of New Registered Agent:

ALBERTSON, DARRELL
6124 ROUND LAKE RD S
JACKSONVILLE, FL 32277 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: DARRELL ALBERTSON

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBERTSON, DARRELL
Address: 6124 ROUND LAKE RD S
City-St-Zip: JACKSONVILLE, FL 32277

Title: S () Delete
Name: ALBERTSON, TAMMY
Address: 514 FOURTH AVE N
City-St-Zip: JAX BCH, FL 32250

Title: V () Delete
Name: HIXON, STEVE
Address: 13635 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALBERTSON, DARRELL
Address: 6124 ROUND LAKE RD S
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: S (X) Change () Addition
Name: NOBLES, ERIC
Address: 6124 ROUND LAKE RD S
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: V (X) Change () Addition
Name: HIXON, STEVE
Address: 13635 YELLOW BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32226 US

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: DARRELL ALBERTSON

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date