

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003409

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: ALL ABOUT WOOD ROOMS, INC.

## Current Principal Place of Business:

13653 MACAPA RD.  
JACKSONVILLE, FL 32246 US

## New Principal Place of Business:

## Current Mailing Address:

13653 MACAPA RD.  
JACKSONVILLE, FL 32246 US

## New Mailing Address:

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  
13653 MACAPA RD.  
JACKSONVILLE, FL 32246 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: P/S ( ) Delete  
Name: ALBERTSON, DARRELL  
Address: 13653 MACAPA RD.  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP ( ) Delete  
Name: HIXON, STEVE  
Address: 27332 KARA CIRCLE  
City-St-Zip: HILLIARD, FL 32046 US

Title: VP (X) Delete  
Name: NOBLES, ERIC  
Address: 13653 MACAPA RD  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: ALBERTSON, DARRELL  
Address: 13653 MACAPA RD.  
City-St-Zip: JACKSONVILLE, FL 32244 US

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

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: DARRELL ALBERTSON

PS

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date