

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90147 027 ***150.00

DOCUMENT # P04000011902 1. Entity Name ALL AMERICAN CONSTRUCTION, INC.					
Principal Place of Business 2865 PLUMMERS COVE RD., #3 JACKSONVILLE, FL 32223			Mailing Address 2865 PLUMMERS COVE RD., #3 JACKSONVILLE, FL 32223		
2. Principal Place of Business 2865 Plummers Cove Rd Suite, Apt. #, etc. 3		3. Mailing Address 2865 Plummers Cove Rd Suite, Apt. #, etc. 3			
City & State Jacksonville FL Zip 32223		City & State Jacksonville FL Zip 32223		4. FEI Number 200607703	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOECKEL, STANLEY B 3439 DOCKSIDER DR. S. JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOND, GARY 2865 PLUMMERS COVE RD. #3 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOMB, KENNETH 2865 PLUMMERS COVE RD. #3 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOND, AMANDA 2865 PLUMMERS COVE RD. #3 JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 2-17-05 9044933709 </div> <small>Date Daytime Phone #</small>					