

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90174 020 ***150.00

DOCUMENT # P04000014021

1. Entity Name

ALL TRADES OF NORTH FLORIDA, INC.



Principal Place of Business

Mailing Address

11-A ATLANTICS OAKS CIRCLE
ST. AUGUSTINE FL 32080

1093 A1A BEACH BOULEVARD
PMB 145
ST. AUGUSTINE FL 32080



2. Principal Place of Business

409 E Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

St Augustine FL

City & State

4. FEI Number

77-0622921

Applied For

Not Applicable

Zip

32080 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALANTOWICZ, SUZANNE

~~11-A ATLANTIC OAKS CIRCLE~~
SAINT AUGUSTINE FL 32080

409 E Street

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

409 E Street

City

St Aug

FL

Zip Code

32080

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
PVD
KILLINGSWORTH, BRIAN
~~11-A ATLANTIC OAKS CIRCLE~~ 409 E Street
ST. AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
409 E Street ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GALANTOWICZ, SUZANNE
~~11-A ATLANTIC OAKS CIRCLE~~ 409 E Street
ST. AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
409 E Street ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Suzanne Galantowicz

Suzanne Galantowicz 904-461-5683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #