

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000032368

Entity Name: ALL AROUND MILLWORKS, INC.

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4345 GENOA AVE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4345 GENOA AVE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

4345 GENOA AVE  
JACKSONVILLE, FL 32210 DU

FEI Number: 27-0082677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CALLEY, D. CRAIG ESQ  
4595 LEXINGTON AVE #100  
JACKSONVILLE, FL 322102058 US

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

ENGEMANN, TIMOTHY J PRES  
4345 GENOA AVE  
JACKSONVILLE, FL 32210 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: TIMOTHY ENGEMANN

10/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ENGEMANN, TIMOTHY J  
Address: 4345 GENOA AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VS ( ) Delete  
Name: ENGEMANN, MILES G  
Address: 4345 GENOA AVE  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: TIMOTHY J ENGEMANN

PRES

10/21/2009

Electronic Signature of Signing Officer or Director

Date