

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90103 038 ***155.00

DOCUMENT # P05000008504

1. Entity Name
ALL AROUND DRAIN CLEANING INC.



Principal Place of Business
**1005 WOODLAWN RD.
ROCKLEDGE, FL 32955**

Mailing Address
**1005 WOODLAWN RD.
ROCKLEDGE, FL 32955**

60022887



02252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2185729

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, LUCIO JR
1005 WOODLAWN RD.
ROCKLEDGE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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: James Lucio Jr James Lucio 3/9/07
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	A
NAME	LUCIO, JAMES
STREET ADDRESS	1005 WOODLAWN RD.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	P
NAME	KLUCIO, CHRISTOPHER
STREET ADDRESS	1005 WOODLAWN RD
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Christopher K Lucio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07
Date

321-412-3169
Daytime Phone #