

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90417 024 ***158.75

DOCUMENT # P05000071272

1. Entity Name
ALL IN ONE INSURANCE, INC.



Principal Place of Business
4800 TOKAY AVE
COCOA, FL 32926

Mailing Address
4800 TOKAY AVE
COCOA, FL 32926

50013053



2. Principal Place of Business

3. Mailing Address

01052006 Chg-P CR2E034 (11/05)

4. FFI Number
42-1668493

Applied For
Not Applicable

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

Suite, Apt. #, etc.

563 Barton Blvd Unit 3
Rockledge FL

Suite, Apt. #, etc.

563 Barton Blvd Unit 3
Rockledge FL

City & State

City & State

Zip
32955

Country
Brevard

Zip
32955

Country
Brevard

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
DPS
AREVALOS, JANET M
4800 TOKAY AVE
COCOA, FL 32926 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
AREVALOS, JEFFREY L
4800 TOKAY AVE
COCOA, FL 32926 ☐ Delete

TITLE
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☐ Change ☐ Addition

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: Janet M. Arevalos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06 321-639-7117
Date Director's Phone #