

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90020 048 \*\*\*158.75

**DOCUMENT # P05000074716**

1. Entity Name

**ALL AMERICAN CLEANING & RESTORATION  
SPECIALISTS, INC.**



Principal Place of Business

10 SW 7TH STREET SUITE C  
WILLISTON, FL 32696

Mailing Address

10 SW 7TH STREET SUITE C  
WILLISTON, FL 32696

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2898935

Applied For

Not Applicable

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

POE, PAMELA S  
1009 NW 36TH ROAD  
GAINESVILLE, FL 32696

Name *Same*

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

*Same*

City *Same*

**FL**

Zip Code *32609*

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

*Pamela S. Poe*

*2-20-07*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D WILLIAMS, MICHAEL A**  
STREET ADDRESS **5030 NE 153RD AVE**  
CITY- ST- ZIP **WILLISTON, FL 32696**

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **D WILLIAMS, GAIL D**  
STREET ADDRESS **5030 NE 153RD AVE**  
CITY- ST- ZIP **WILLISTON, FL 32696**

TITLE ☒ Change ☐ Addition  
NAME **SECRETARY**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME **POE, PAMELA S**  
STREET ADDRESS **1009 NW 36TH RD**  
CITY- ST- ZIP **GAINESVILLE, FL 32609**

TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

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:

*Pamela S. Poe*

*2/20/07*

*352-528-6027*