

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90042 028 ***150.00

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 # 80 SW 7th Street		3. Mailing Address 80 SW 7th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Williston, FL		City & State Williston, FL	
Zip 32696		Zip 32696	
Country USA		Country USA	
4. FEI Number 20-2898935		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POE, PAMELA S 1009 NW 36TH ROAD GAINESVILLE, FL 32696		7. Name and Address of New Registered Agent Name: Pamela S. Poe Street Address (P.O. Box Number is Not Acceptable): 2249 NE 120th Loop City: Branford, FL Zip Code: 32008	
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: <u>Pamela S. Poe, Pamela S. Poe, Treasurer</u> DATE: <u>1-30-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WILLIAMS, MICHAEL A STREET ADDRESS 5030 NE 153RD AVE CITY - ST - ZIP WILLISTON, FL 32696	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WILLIAMS, GAIL D STREET ADDRESS 5030 NE 153RD AVE CITY - ST - ZIP WILLISTON, FL 32696	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME POE, PAMELA S STREET ADDRESS 1009 NW 36TH RD CITY - ST - ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE T NAME POE, Pamela S. STREET ADDRESS 2249 NE 120th Loop CITY - ST - ZIP Branford, FL 32008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Pamela S. Poe, Pamela S. Poe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-30-08 (352) 528-6027</u> <small>Date Daytime Phone #</small>	