



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90221 040 \*\*\*150.00

<b>DOCUMENT # P05000111604</b>			
1. Entity Name <b>ALL WEATHER ENCLOSURES, INC.</b>			
Principal Place of Business <b>4920 NE 5TH STREET ROAD OCALA, FL 34470 US</b>		Mailing Address <b>4920 NE 5TH STREET ROAD OCALA, FL 34470 US</b>	
2. Principal Place of Business <b>6740 SE 110TH STREET</b>		3. Mailing Address <b>6740 SE 110TH STREET</b>	
Suite, Apt. #, etc. <b>UNIT 405</b>		Suite, Apt. #, etc. <b>UNIT 405</b>	
City & State <b>BELLEVIEW, FL</b>		City & State <b>BELLEVIEW, FL</b>	
Zip <b>34420</b>	Country <b>US</b>	Zip <b>34420</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent <b>BLAND, TRAVIS S 4920 NE 5TH STREET ROAD OCALA, FL 34470</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6740 SE 110TH STREET UNIT 405</b> City <b>BELLEVIEW</b> FL Zip Code <b>34420</b>	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLAND, TRAVIS S</b>		NAME <b>TRAVIS BLAND</b>	
STREET ADDRESS <b>4920 NE 5TH STREET ROAD</b>		STREET ADDRESS <b>6740 SE 110TH STREET UNIT 405</b>	
CITY-ST-ZIP <b>OCALA, FL 34470</b>		CITY-ST-ZIP <b>BELLEVIEW, FL 34420</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHALEY, JEFFREY L</b>		NAME	
STREET ADDRESS <b>6072 SE 121ST LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BELLEVIEW, FL 34420</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date <b>5/30/06</b> (382)-438-4674	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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4. FEI Number **20-3288559** Applied For Not Applicable

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