

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90010 026 ***150.00

DOCUMENT # <u>P06600153281</u>	
1. Entity Name	
ALL IN ONE HOME SERVICES UNLIMITED	

00061101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3747 JONES ROAD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32220	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3814275		Applied For	
		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	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 CYNTHIA L VARNON **2/18/2005**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11.	
TITLE	PRESIDENT	TITLE		DO NOT WRITE IN THIS SPACE	
NAME	CYNTHIA L VARNON	NAME			
STREET ADDRESS	3747 JONES ROAD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32220	CITY-ST-ZIP			
TITLE	VICE PRESIDENT	TITLE			
NAME	RICHARD J VARNON	NAME			
STREET ADDRESS	3747 JONES ROAD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32220	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia L. Varnon **2/18/2006** **(904) 483-7680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #