

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

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90001 040 ***150.00

DOCUMENT # 005000153281	
1. Entity Name	
ALL IN ONE HOME SERVICES UNLIMITED, INC.	

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 checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name CYNTHIA VARNON	
Street Address (P.O. Box Number is Not Acceptable) 3747 JONES Rd.	
City JACKSONVILLE	State FL Zip Code 32220

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 Cynthia L. Varnon	DATE 5/16/07
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)	

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CYNTHIA L VARNON 3747 JONES ROAD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RICHARD J VARNON 3747 JONES ROAD JACKSONVILLE, FL 32220
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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 Varnon	CYNTHIA L VARNON PRESIDENT	4/14/2006	(904) 483-7680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #