

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 13, 2012  
Secretary of State**

DOCUMENT# P06000008640

Entity Name: ALL WICKED OUT, INC.

**Current Principal Place of Business:**

7749 NORMANDY BLVD  
121  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

7749 NORMANDY BOULEVARD #121  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 20-4123091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRICKLAND, DARLENE C  
7749 NORMANDY BOULEVARD #121  
JACKSONVILLE, FL 32221      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            PRES  
Name:            STRICKLAND, DARLENE  
Address:        1283 CATHY TRIPP LANE  
City-St-Zip:    JACKSONVILLE, FL 32221

Title:            VP  
Name:            STRICKLAND, BANNER E JR  
Address:        1283 CATHY TRIPP LANE  
City-St-Zip:    JACKSONVILLE, FL 32221 US

Title:            SEC  
Name:            MARY, BREEDON A  
Address:        7749 NORMANDY BLVD #121  
City-St-Zip:    JACKSONVILLE, FL 32221 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARLENE STRICKLAND

PRES

08/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date