



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90032 040 \*\*\*158.75

<b>DOCUMENT # P06000045087</b> 1. Entity Name <b>ALL STATES CUSTOM UPHOLSTERY, INC.</b>					
Principal Place of Business <b>1011 AVENUE H → 7208 S. US #1. FT. PIERCE, FL 34950</b> <b>Port St. Lucie, FL 34952</b>				Mailing Address <b>1011 AVENUE H → P.O. BOX 204 FT. PIERCE, FL 34950</b> <b>FT. pierce, FL 34954</b>	
2. Principal Place of Business - No P.O. Box # <b>7208 South U.S. #1</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 204</b> Suite, Apt. #, etc.			
City & State <b>Port St. Lucie, FL</b> Zip <b>34952</b>		City & State <b>Ft. Pierce, FL</b> Zip <b>34954</b>		4. FEI Number <b>74-3171704</b>	
Country <b>SAINT LUCIE</b>		Country <b>SAINT LUCIE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEVENSON, LEROYAL L</b> <b>1011 AVENUE H</b> <b>FT. PIERCE, FL 34950</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD <b>STEVENSON, LEROYAL L</b> <b>1011 AVENUE H</b> <b>FT. PIERCE, FL 34950</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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, without other like empowered.					
SIGNATURE <u><i>Leroyal L. Stevenson</i></u> <b>Leroyal L. Stevenson</b> <span style="float: right;"><b>772-879-1888</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span>Date <b>3-12-07</b></span> <span>Daytime Phone #</span> </div>					