

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2008 8:00 am
Secretary of State

06-30-2008 90021 028 ***150.00

DOCUMENT # P07000018618 1. Entity Name ALL FLOORS OF ORLANDO, INC.					
Principal Place of Business 8255 LEE VISTA BLVD. ORLANDO, FL 32829 US			Mailing Address 8255 LEE VISTA BLVD. ORLANDO, FL 32829 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 450550760 ☐ Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				06122008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CARACCILO, PEARL P 14673 TANJA KING BLVD ORLANDO, FL 32828			7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTON, LEROY C 14254 SOUTHERN RED MAPLE DRIVE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, HECTOR L 1343 BELLA COOLA DRIVE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARACCILO-CLAYTON, SHARON M 14254 SOUTHERN RED MAPLE DRIVE ORLANDO, FL 32828	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, SYLVIA 1343 BELLA COOLA DRIVE ORLANDO, FL 32828	☐ Delete			
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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 my other living information.					
SIGNATURE:			6/27/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		