

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069653

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** ALL PRO ENCLOSURES, INC.

**Current Principal Place of Business:**

582 JOHNS CREEK PKWY  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

582 JOHNS CREEK PKWY  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 26-0361449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATTHEWS, WESLEY P  
582 JOHNS CREEK PKWY  
ST AUGUSTINE, FL 32092 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: VS  
Name: MATTHEWS, WESLEY P  
Address: 582 JOHNS CREEK PKWY  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DPT  
Name: SCHREIBER, AMANDA M  
Address: 582 JOHNS CREEK PKWY  
City-St-Zip: ST AUGUSTINE, FL 32092

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: WESLEY P. MATTHEWS

VS

01/09/2012

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

\_\_\_\_\_ Date