

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90048 037 ***158.75

DOCUMENT # P07000085068

1. Entity Name
ALL AROUND REMODELERS, INC.



Principal Place of Business
**910 HEDGEWOOD CT
WINTER PARK, FL 32792**

Mailing Address
**910 HEDGEWOOD CT
WINTER PARK, FL 32792**

2. Principal Place of Business - No P.O. Box #
5300 N. Woodcrest Dr.

3. Mailing Address
5300 N. Woodcrest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32792

Country

Seminole

Zip

32792

Country

Seminole

01042008

Chg-P

CR2E034 (12/06)

4. FEI Number

26 0596130

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERNST, JERRY
910 HEDGEWOOD CT
WINTER PARK, FL 32792**

Name

Street Address (P.O. Box Number is Not Acceptable)

5300 N. Woodcrest Dr.

City

Winter Park

FL

Zip Code

32792

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
**PVST
ERNST, JERRY
910 HEDGEWOOD CT
WINTER PARK, FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5300 N. Woodcrest Dr.
Winter Park FL 32792** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
**D
ERNST, JERRY
910 HEDGEWOOD CT
WINTER PARK, FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**5300 N. Woodcrest Dr.
Winter Park FL 32792** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

407-756-7391

Date

Daytime Phone #