

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000051982

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** ALL WEATHER SAFE ROOMS, INC.

**Current Principal Place of Business:**

3003 WOODYMARION DRIVE  
CHIPLEY, FL 32428

**New Principal Place of Business:**

3003 WOODYMARION DRIVE  
CHIPLEY, FL 32428 UN

**Current Mailing Address:**

POST OFFICE BOX 8091  
SOUTHPORT, FL 32409

**New Mailing Address:**

**FEI Number:** 26-2724975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AULT, RICHARD M  
3275 CRYSTAL LAKE DRIVE  
CHIPLEY, FL 32428 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: P  
Name: JULIAN, KEVIN W  
Address: 3003 WOODYMARION DRIVE  
City-St-Zip: CHIPLEY, FL 32428

Title: V  
Name: AULT, RICHARD M  
Address: 3275 CRYSTAL LAKE DRIVE  
City-St-Zip: CHIPLEY, FL 32428

Title: T  
Name: JULIAN, HOLLY J  
Address: 3003 WOODYMARION DRIVE  
City-St-Zip: CHIPLEY, FL 32428

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: HOLLY JULIAN

T

04/29/2012

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

\_\_\_\_\_  
Date