

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000022292

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** ALL AMERICAN ANCHORING & REMODELING, INC.

**Current Principal Place of Business:**

435 S GULFSTREAM AVE, UNIT 208  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

242 S WASHINGTON BLVD, SUITE 327  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-1116696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAFFEE, MICHAEL O  
435 S GULFSTREAM AVE, UNIT 208  
SARASOTA, FL 34236 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:** PVST  
**Name:** CHAFFEE, MICHAEL O  
**Address:** 242 S WASHINGTON BLVD, SUITE 327  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** D  
**Name:** PARKER, CHUCK  
**Address:** 4031 WESTWOOD ST  
**City-St-Zip:** HOLIDAY, FL 34691

**Title:** D  
**Name:** PARKER, TAE  
**Address:** 4031 WESTWOOD ST  
**City-St-Zip:** HOLIDAY, FL 34691

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:** MICHAEL O CHAFFEE

PVST

02/21/2011

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

\_\_\_\_\_  
Date