## 2014 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P10000022292

Entity Name: ALL AMERICAN ANCHORING & REMODELING, INC.

**FILED** Feb 25, 2014 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

435 S GULFSTREAM AVE, UNIT 208 242 S WASHINGTON BLVD. SARASOTA, FL 34236

SUITE 327

SARASOTA, FL 34236

**Current Mailing Address: New Mailing Address:** 

242 S WASHINGTON BLVD, SUITE 327 SARASOTA, FL 34236

FEI Number: 46-1879740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CHAFFEE, MICHAEL O 435 S GULFSTREAM AVE, UNIT 208 SARASOTA, FL 34236

CHAFFEE, MICHAEL O 242 S WAŚHINGTON BLVD. SUITE 327 SARASOTA, FL 34236 US

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: MICHAEL O. CHAFFEE 02/25/2014

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: **PVST** 

CHAFFEE, MICHAEL O Name:

242 S WASHINGTON BLVD, SUITE 327 Address:

City-St-Zip: SARASOTA, FL 34236

Title:

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

Title:

PARKER, TAE Name: 4031 WESTWOOD ST Address: 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 **PRES** 02/25/2014