

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100914

**FILED**  
**Sep 26, 2012**  
**Secretary of State**

**Entity Name:** ALL ABOUT WALLS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

545 EAST SILVERTHORN LANE  
PONTE VEDRA BEACH, FL 32081

**New Principal Place of Business:**

**Current Mailing Address:**

545 EAST SILVERTHORN LANE  
PONTE VEDRA BEACH, FL 32081

**New Mailing Address:**

**FEI Number:** 27-4332433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEET, FRED  
545 EAST SILVERTHORN LANE  
PONTE VEDRA BEACH, FL 32081 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: PSTD  
Name: PEET, FRED  
Address: 545 EAST SILVERTHORN LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32081

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: FRED PEET

CEO

09/26/2012

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

\_\_\_\_\_  
Date