

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-27-2005 90342 003 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P93000013867					
1. Entity Name ALL PRO SIDING & CONSTRUCTION, INC.					
Principal Place of Business 12032 SE 96TH TERR. BELLEVUE FL 34420			Mailing Address 12032 SE 96TH TERR. BELLEVUE FL 34420		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0388119	
				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		
PROVENZANO, JAMES L 12032 SE 96TH TERR. 12032 SE 96th Terr. BELLEVUE FL 34420			Name Street Address (P.O. Box Number is Not Acceptable) 12032 SE 96th Terr. City Bellevue FL Zip Code 34420		
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 <u>James L. Provenzano</u> <u>James L. Provenzano</u> <u>4-25-05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	D PROVENZANO, JAMES L ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PROVENZANO, JAMES L		NAME		
STREET ADDRESS	12032 SE 96TH TERR.		STREET ADDRESS		
CITY - ST - ZIP	BELLEVUE FL 34420		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James L. Provenzano</u> <u>Pres.</u> <u>5-30-05</u> <u>352-245-0063</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					