## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 02, 2005 08:00 AN Secretary of State

ANNUAL REPORT				May 02, 2005 08:00
DOCUMENT # P95000049697			Secretary of State	
1. Entity Name	e ALL PROPERTIES II, INC.			
*******	ALL ( NOT LIVING II, ING.			
Principal Place	e of Business	Mailing Address		
4733 NORTH VERO BEACH		4733 NORTH A-1-A - VERO BEACH, FL 32963	•	
VENO DENGLI	, I L 02300	TENO DENONTE OCCOO		 
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				04292005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			4. FEI Number   Applied For	
			65-0592424 Not Applicable	
				5. Certificate of Status Desired  \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		
CROOM, E	DAVID S	Mark Control of the C	<del></del>	DO NOT WRITE
4733 NORTH A-1-A VERO BEACH, FL 32963			{- 	•
VERO BEACH, FL 32903			{	IN THIS SPACE
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 Fiorida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Signature, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when refinatating)  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees				
10.	ÖFFICERS AND D	IRECTORS		
TITLE NAME	CD CROOM, DAVID S	·		<del>-</del>
STREET ADDRESS	4733 NORTH A-1-A		1	
CITY - ST - ZIP	VERO BEACH, FL 32963	· · · · · · · · · · · · · · · · · · ·	4	.00000356016 05/04/05-80019-012 158.75
TITLE NAME	LYONS, DAVID T	,	<b>_</b>	
STREET ADDRESS	4733 NORTH A-1-A			
CITY-ST-ZIP TITLE	VERO BEACH, FL 32963			
NAME				
STREET ADDRESS CITY+ST-ZIP			}	DO NOT WRITE
TITLE			- · · · ·	IN THIS SPACE
NAME			i	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			}	
TITLE	<del> </del>			
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STREET ADDRESS CITY-ST-ZIP			j	
TITLE			<b>]</b>	
NAME STREET ADDRESS		1 1	ł	
CITY-ST-ZIP	/	///	<u>ll</u>	
12. I hereby certify that the information supplied with the filling 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 accepted and that my signature shall have the same legal effect as if made under oath; that I am an officer or director				
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 fine and accepted 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.				