

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000101911

1. Entity Name
ALL AMERICAN COUNTER TOPS, INC.



Principal Place of Business
**5619 70TH AVENUE
PINELLAS PARK, FL 33781 US**

Mailing Address
**5619 70TH AVENUE
PINELLAS PARK, FL 33781 US**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3547941

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HALE, FRED H
5650 PARK BLVD
PINELLAS PARK, FL 33781-3421**

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEAN, ROBERT L 7322 PARKSIDE VILLA DR ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEAN, BARRBARA T 7322 PARKSIDE VILLA DR SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/04/07-80027-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert Dean

ROBERT DEAN

4/20/07

541-1838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #