

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000046906

1. Entity Name
ALL'S WELL, INC.



FILED
05 SEP 27 PM 2:41

Principal Place of Business
231 PICCOLO WAY
DAVENPORT, FL 33896

Mailing Address
231 PICCOLO WAY
DAVENPORT, FL 33837

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Ch Accordi Standee LLC

2240 Woolbnght Rd #317



Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152005

Chg-P

CR2E034 (10/03)

11/9/28

City & State

City & State

Boynton Beach FL

4. FEI Number

65-0930299

Applied For

Not Applicable

Zip

Country

Zip

33426

Country

USA

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

BERARDESCO, PATRICIA A
231 PICCOLO WAY
DAVENPORT, FL 33837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME BERARDESCO, PATRICIA
STREET ADDRESS 231 PICCOLO WAY
CITY-ST-ZIP DAVENPORT, FL 33837

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300060086813
09/29/05--01062--007 **150.00

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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: *Patricia A Berardesco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 6, 2005 561-870-1053
Date Daytime Phone #

PATRICIA A BERARDESCO