

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V37241

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: ALL PHASES CONTRACTING, INC.

**Current Principal Place of Business:**

30818 65TH PLACE C  
BRANFORD, FL 32008

**New Principal Place of Business:**

**Current Mailing Address:**

30818 65TH PLACE C  
BRANFORD, FL 32008

**New Mailing Address:**

FEI Number: 59-3126200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STRICKLAND, K  
30818 65TH PLACE C  
BRANFORD, FL 32008      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: P  
Name: STRICKLAND, KATHARINE S  
Address: 30818 65TH PLACE C  
City-St-Zip: BRANFORD, FL 32008

Title: VP  
Name: STRICKLAND, LARRY R  
Address: 30818 65TH PLACE C  
City-St-Zip: BRANFORD, FL 32008

Title: S  
Name: STRICKLAND, KATHARINE S  
Address: 30818 65TH PLACE C  
City-St-Zip: BRANFORD, FL 32008

Title: T  
Name: STRICKLAND, KATHARINE S  
Address: 30818 65TH PLACE C  
City-St-Zip: BRANFORD, FL 32008

Title: D  
Name: STRICKLAND, EDWIN P  
Address: 514 BAILEY ROAD  
City-St-Zip: BENTON, TN 37307 US

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: LARRY STRICKLAND

VP

04/24/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date