


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 048 ***158.75

DOCUMENT # P05000074716					
1. Entity Name ALL AMERICAN CLEANING & RESTORATION SPECIALISTS, INC.					
Principal Place of Business 10 SW 7TH STREET SUITE C WILLISTON, FL 32696			Mailing Address 10 SW 7TH STREET SUITE C WILLISTON, FL 32696		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-2898935	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POE. PAMELA S 1009 NW 36TH ROAD GAINESVILLE, FL 32696			Name <u>Same</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>Same</u>		
			City <u>Same</u> FL Zip Code <u>32609</u>		
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>Pamela S. Poe</u>				DATE <u>2-20-07</u>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MICHAEL A		NAME		
STREET ADDRESS	5030 NE 153RD AVE		STREET ADDRESS		
CITY- ST- ZIP	WILLISTON, FL 32696		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>SECRETARY</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GAIL D		NAME		
STREET ADDRESS	5030 NE 153RD AVE		STREET ADDRESS		
CITY- ST- ZIP	WILLISTON, FL 32696		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<u>TREASURER</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POE, PAMELA S		NAME		
STREET ADDRESS	1009 NW 36TH RD		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE, FL 32609		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Pamela S. Poe 2/20/07 352-528-6027