

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074716

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** ALL AMERICAN CLEANING & RESTORATION SPECIALISTS, INC.

**Current Principal Place of Business:**

80 SW 7TH STREET  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

80 SW 7TH STREET  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 20-2898935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POE, PAMELA S  
2249 NE 120TH LOOP  
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: WILLIAMS, MICHAEL A  
Address: 5030 NE 153RD AVE  
City-St-Zip: WILLISTON, FL 32696

Title: S  
Name: WILLIAMS, GAIL D  
Address: 5030 NE 153RD AVE  
City-St-Zip: WILLISTON, FL 32696

Title: T  
Name: POE, PAMELA S  
Address: 2249 NE 120 LOOP  
City-St-Zip: BRANFORD, FL 32008

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: PAMELA S POE

T

02/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date