

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000080962

Entity Name: ALLPHASE CUSTOM PAINTING INC**Current Principal Place of Business:**268 ARTHUR MOORE DR
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**268 ARTHUR MOORE DR
GREEN COVE SPRINGS, FL 32043 US**FEI Number:** 45-3244353**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASHER, DAVID H
268 ARTHUR MOORE DR
GREEN COVE SPRINGS, FL 32043 US*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**Officer/Director Detail :**

Title	P
Name	ASHER, DAVID H
Address	268 ARTHUR MOORE DR
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	VP
Name	ASHER, WILLIAM N
Address	268 ARTHUR MOORE DR
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	TRE
Name	ASHER, DAVID A
Address	268 ARTHUR MOORE DR
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	DIRECTOR
Name	MCCALLISTER, SCOTT M
Address	1217 PARK AVE
City-State-Zip:	ORANGE PARK FL 32073

Title	DIRECTOR
Name	PEREZ, JULIAN
Address	9801 OLD BAYMEADOWS RD #59
City-State-Zip:	JACKSONVILLE FL 32256

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: ASHER , DAVID H

P

04/30/2015

Electronic Signature of Signing Officer/Director Detail_____
Date