


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90041 026 ***150.00

DOCUMENT # 243396

1. Entity Name
ALLEN & COMPANY OF FLORIDA, INC.



Principal Place of Business
BOX 387
1401 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

Mailing Address
BOX 387
1401 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

20005825



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-0913641 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, RALPH C.
1401 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTIT, SHARON S <input checked="" type="checkbox"/> Delete 1401 S. FLORIDA AVENUE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ALLEN, C RALPH <input type="checkbox"/> Delete 1401 S. FLORIDA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWLEY, LAURA <input type="checkbox"/> Delete 1401 S. FLORIDA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZITZELBERGER, CAROL M <input type="checkbox"/> Delete 1401 S. FLORIDA AVENUE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPOONER, JOSEPH G. <input type="checkbox"/> Delete 1401 S. FLORIDA AVENUE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sharon S. Pettit <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 South Florida Avenue Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carl P. Bucker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1401 South Florida Avenue Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cheryl Kilgore Cheryl Kilgore **01/27/2005** **863-616-6036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #