


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90110 045 ***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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

02282006 Chg-P CR2E034 (11/05)

4. FEI Number 59-0913641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETTIT, SHARON S			NAME	Michael N. Walker		
STREET ADDRESS	1401 S. FLORIDA AVENUE			STREET ADDRESS	1401 S. Florida Avenue		
CITY-ST-ZIP	LAKELAND, FL 33803			CITY-ST-ZIP	Lakeland, FL 33803		
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, C RALPH			NAME			
STREET ADDRESS	1401 S. FLORIDA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWLEY, LAURA			NAME			
STREET ADDRESS	1401 S. FLORIDA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZITZELBERGER, CAROL M			NAME			
STREET ADDRESS	1401 S. FLORIDA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOONER, JOSEPH G.			NAME			
STREET ADDRESS	1401 S. FLORIDA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKER, CARL P			NAME			
STREET ADDRESS	1401 SOUTH FLORIDA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803			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:  **Ralph C. Allen** **02/28/2006** **863-688-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #