


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 017 ***150.00

DOCUMENT # 243396
 1. Entity Name
ALLEN & COMPANY OF FLORIDA, INC.




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01242007 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
59-0913641 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, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETTIT, SHARON S 1401 S. FLORIDA AVENUE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ALLEN, C RALPH 1401 S. FLORIDA AVENUE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWLEY, LAURA 1401 S. FLORIDA AVENUE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZITZELBERGER, CAROL M 1401 S. FLORIDA AVENUE LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPOONER, JOSEPH G. 1401 S. FLORIDA AVENUE LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, MICHAEL N 1401 S FLORIDA AVE LAKELAND, FL 33803 <input type="checkbox"/> Delete	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 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:  **1-26-2007** **863-688-9000**
 _____ _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

See attached list

ATTACHMENT

60011910

#243396

Additional Officers and Directors

Title	D
Name	Rumph, William E III
Street Address	1401 South Florida Avenue
City-State-Zip	Lakeland, FL 333803

Title	VP
Name	Albritton, Keith
Street Address	1401 South Florida Avenue
City-State-Zip	Lakeland, FL 33803

Title	AVP
Name	Kilgore, Cheryl
Street Address	1401 South Florida Avenue
City-State-Zip	Lakeland, FL 33803

Title	AVP
Name	Wright, Michael H
Street Address	1401 South Florida Avenue
City-State-Zip	Lakeland, FL 33803