


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 381752	
1. Entity Name THE ALLEN MORRIS CONSTRUCTION COMPANY	

Principal Place of Business 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1362057** ☐ Applied For ☐ Not Applied
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134**

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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 reappointing) 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	000000483474 04/17/06-80008-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, W. ALLEN 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRIS, DIANE Y 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAHAM, DALE I 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELL, JAMES F JR 1160 JOHNSON FERRY ROAD ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIL, YAZMIN 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Treasurer** **3-23-06** **305-443-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #