

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003943

FILED
Mar 04, 2011
Secretary of State

Entity Name: ALLEN AGENCY, INC.

Current Principal Place of Business:

34-36 ELM STREET
CAMDEN, ME 04843

New Principal Place of Business:

Current Mailing Address:

PO BOX 578
CAMDEN, ME 04843

New Mailing Address:

FEI Number: 01-0018250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPT
Name: FIFIELD, GILBERT
Address: PO BOX 578
City-St-Zip: CAMDEN, ME 04843

Title: DVS
Name: MONTGOMERY, SARA
Address: PO BOX 578
City-St-Zip: CAMDEN, ME 04843

Title: D
Name: DUFOUR, MICHAEL
Address: PO BOX 578
City-St-Zip: CAMDEN, ME 04843

Title: D
Name: WILLIAMS, PETER
Address: PO BOX 749
City-St-Zip: ROCKLAND, ME 04841

Title: D
Name: PIERCE, J MICHAEL
Address: PO BOX 207
City-St-Zip: CAMDEN, ME 04843

Title: D
Name: ALSTINE, PETER V
Address: PO BOX 207
City-St-Zip: CAMDEN, ME 04843

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: SARA MONTGOMERY

DVS

03/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date