

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 031 ***158.75

DOCUMENT # P02000086212 1. Entity Name ALLEN PUBLISHING, INC.					
Principal Place of Business 4630 S. KIRKMAN ROAD, #440 ORLANDO, FL 32811			Mailing Address 4630 S. KIRKMAN ROAD, #440 ORLANDO, FL 32811		
2. Principal Place of Business - No P.O. Box # 1291 Legendary Blvd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Clermont, FL		City & State			
Zip 34711	Country USA	Zip	Country		
4. FEI Number 04-3708395				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FENNER, ALLEN C 4630 S. KIRKMAN ROAD, #440 ORLANDO, FL 32811			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 reinstating) 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	D FENNER, ALLEN C 1291 LEGENDARY BLVD CLERMONT, FL 34711 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNER, LINDA R 1291 LEGENDARY BLVD CLERMONT, FL 34711 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fenner, Linda R 1291 Legendary Blvd Clermont, FL 34711 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Misspelled ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Allen C. Fenner</u> Allen C. Fenner			4/10/07 407-298-9808		