

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003169	
1. Entity Name ALLFAX SPECIALTIES, INC.	

Principal Place of Business
130 JAMES DRIVE EAST
ST ROSE, LA 70087-4005

Mailing Address
130 JAMES DRIVE EAST
ST ROSE, LA 70087-4005



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1125206	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAURO, BRENDA R
801 WEST BAY DRIVE
LARGO, FL 33770

**DO NOT WRITE
IN THIS SPACE**

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/instating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000398527
01/31/06-80001-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSCH, BRIAN E 130 JAMES DRIVE EAST ST ROSE, LA 70087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, BRENT J 130 JAMES DRIVE EAST ST ROSE, LA 70087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOLPE, DIANNE 130 JAMES DRIVE EAST ST ROSE, LA 70087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Dianne G. Volpe DIANNE G. VOLPE, SEC 1/10/2006 504-443-0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #