


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90065 005 ***150.00

DOCUMENT # 243396 1. Entity Name ALLEN & COMPANY OF FLORIDA, INC.					
Principal Place of Business BOX 387 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			Mailing Address BOX 387 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, RALPH C. 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETTIT, SHARON S		NAME		
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	DC <input type="checkbox"/> Delete		TITLE	Director, President, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, C RALPH		NAME	Allen, Ralph C.	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1401 S. Florida Avenue	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD <input type="checkbox"/> Delete		TITLE	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWLEY, LAURA		NAME	Corp. Sec/Treas Hawley, Laura	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1401 S. Florida Avenue	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, JAMES E JR		NAME	Carol M. Zitzelberger	
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS	1401 S. Florida Avenue	
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOONER, JOSEPH G.		NAME		
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRAW, ROY J. JR.		NAME		
STREET ADDRESS	1401 S. FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/17/2004 863-688-9000 <small>Date Daytime Phone #</small>		