2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 269050

1. Entity Name

ALLEN ENGINEERING, INC.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

106 DIXIE LANE

COCOA BEACH, FL 32931

Mailing Address

106 DIXIE LANE

COCOA BEACH, FL 32931



DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1024345

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JOHN M 210 BIMINI RD COCOA BEACH, FL 32931

ALLEN, DIANE T

COCOA BEACH, FL 32931

GORCZYNSKI, THOMAS

MELBOURNE, FL 32940

210 BIMINI RD

981 VILLA DR

DO NOT WRITE IN THIS SPACE

8 The above	named entity submits this statement for the n	umose of changing its register	ed office or r	enisteren anent or hr	oth, in the State of Florida. I am familiar with, and accept
	ions of registered agent.	urpose of changing its register	60 011106 07 1	egistered agent, or be	on, in the state of horizon. Familianial Way, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and this if	applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	Р				
NAME	ALLEN, JOHN M				
Street address	210 BIMINI RD				
CITY-ST-ZIP	COCOA BEACH, FL 32931				
TITLE	sv]		800000795676
NAME	ALLEN, MICHAEL S.				U00000795676 01/29/08-80001-009 158.75
STREET ADDRESS	190 COVE LOOP DRIVE				
CITY-ST-ZIP	MERRITT ISLAND, FL 32953				

DO NOT WRITE IN THIS SPACE

TITLE VP
NAME MADONNA, MICHAEL J JR
STREET ADDRESS CITY-ST-ZIP
NAME
STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

TITLE

NAME STREET ADDRESS

TITLE

NAME Street address

CITY-ST-ZIP

CITY-ST-ZIP

MC JOHN M. ALL

1/17/08 (321) 783-7443