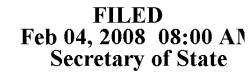
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # 324833 1. Entity Name ALLISON PROPERTIES INC



				00 WE 1	Eine e				
Principal Place of Business Mailing Address									
96034 SANDY POINT CIRCLE FERNANDINA BEACH FL 32034		96034 SANDY POINT CIRCLE FERNANDINA BEACH FL 32034							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					11 11 B(C)		O((80) N (20)
Suite, Apt.	#. etc.	Suite, Apr. #, etc.			15	1st MOORE CR2E034 (10/07)			
City & Stat	e	City & State		4. FEI Numb	4. FEI Number 59-1208204			pplied For ot Applicable	
Zıp	Country	Z _i p	try	5. Certificate	e of Statuc Desired		\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ALLISON, ROBERT S 96034 SANDY POINT CIRLCE				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
FERNANDINA BEACH FL 32034									
				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 Signature Typed or priored name of registered injentures the Hamplesonia. (NOTE Registered Again eigenfure required when remaining). DATE									
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 Payable to Florida Department of			9. Election Camp Trust Fund Cor		<u>~</u>	.00 May Be led to Fees		
10.	. OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11
TITLE	PD ·	☐ Delete	TITLE		***************************************			☐ Change	☐ Addition
NAME	ALLISON, ROBERT S			:					
STREET ADDRESS	96034 SANDY POINT CIRLCE		STREE	ET ADDRESS		000000813517 02/13/08-80007-016 150.00			
CITY-ST-ZI?	FERNANDINA BEACH FL 32034		CITY-	-ST-ZIP		_02/13/08-8	30007-0)16 150 <u>.</u>	. 00
TITLE	SD	Delete	TITLE					☐ Change	Addition
NAME	ALLISON, CAROL LYNN		MAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE	VPD	☐ De:ete	TIFLE					☐ Change	Addition
NAME	HEYMANN, RAEGAN	_ 3.13/2	NAME	:					
	96406 HIGH POINT DR	-	STAFE	ET ADDRESS					
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		СПҮ-	·ST-ZIP					
111LE		☐ De-ete	TILLE					Change	☐ Addition
NAME			NAME						
STREET ADDRESS			1	ET ADDRESS					
CITY-ST-ZIP				·ST-ZIP				<u> </u>	<u></u> i
THE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-SI-ZIP			1	ST-ZIP					İ
TITLE		☐ Delete	TITLE			,		☐ Change	Addition
NAME			NAME						
STREET ADDRESS				ET ADDRESS					
				ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information									

SIGNATURE: _