## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2006 8:00 am Secretary of State

3/1/00

DOCUMENT # 637790  1. Entity Name RANDY C. ALLEN, INC.							03-13-2006 90062 026 ***150.00						
Principal Place of Business 7716 APOPKA BLVD APOPKA, FL 32703-2007 US			Mailing Address 7716 APOPKA BLVD APOPKA, FL 32703-2007 US										
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01152006	Chg-P	CR2E0	34 (11/05)			
City & State			City & State				4. FEI Number 59-1939	362		++	olied For Applicable		
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired		f Status Desired	\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
l. ·							Name ALLEM, SAMORA L.						
ALLEN, RANDY C 7716 APOPKA BLVD					Street Address (P.O. Box Number is Not Acceptable)								
APOPKA, FL 32703													
		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 Dada & Oll SANDRA LALLEN PRES 3/1/04													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees													
10. OFFICERS AND DIRECTORS 11.							ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	IN 11		
TITLE	PD		Delete	TITL	Ε					☐ Change	☐ Addition		
NAME	ALLEN, RANDY C		NAN	Œ									
STREET ADDRESS					EET ADDRESS								
CITY-ST-ZIP	APOPKA, FL 32703					_							
TITLE NAME	D Delete III NA					Pre	sident			<b>⊡</b> *Change	☐ Addition		
STREET ADDRESS	7716 APOPKA BLVD												
CITY-ST-ZIP	APOPKA, FL 32703												
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12. I hereby certify that the information supplied with this filling 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 opposition or the receiver of the opposition or the receiver of the opposition or the receiver of the opposition of the opp													