

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 683872**

1. Entity Name  
**ALLIN, INC.**



Principal Place of Business

**350 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33880**

Mailing Address

**350 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33880**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2041377**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHWARB, F ALLAN  
350 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33880**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renataing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000176327

01/10/05-80081-025-150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWARB, LINDA F
STREET ADDRESS	1206 CYPRESS POINT RD EAST
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	TS
NAME	SCHWARB, F ALLAN
STREET ADDRESS	1206 CYPRESS POINT RD EAST
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), Florida Statutes, and 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 by 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:

*Linda F. Schwab, Pres* **LINDA F. SCHWARB** 1/5/05 863-294-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone #