

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 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



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2041377

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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. Schwarb
Linda F. Schwarb

1/16/06 863-294-7441

Date

Daytime Phone #