


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 848096	
1. Entity Name ALLISON & DUNCAN, INC.	

Principal Place of Business 885 LAKESHORE DR. P.O. BOX 120460 CLERMONT, FL 34712 US	Mailing Address PO BOX 120103 CLERMONT, FL 34712-0103 US
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0681639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLISON, SAM L
12945 PINEAPPLE PLACE
CLERMONT, FL 34711**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALLISON, JUANITA L. 885 LAKESHORE DR. CLERMONT, FLORIDA 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLISON, SAM L. 12945 PINEAPPLE PLACE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALLISON, ROBERT E., JR. 930 WEST AVE. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/22/04-80024-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sam L. Allison* **SAM L. ALLISON** 03/25/04 (352) 2554326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #