

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848096

Entity Name: ALLISON & DUNCAN, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

885 LAKESHORE DR.
P.O. BOX 120460
CLERMONT, FL 34712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 120103
CLERMONT, FL 347120103 US

New Mailing Address:

FEI Number: 56-0681639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ALLISON, JUANITA L.,
Address: 885 LAKESHORE DR.
City-St-Zip: CLERMONT, FLORIDA 00000,

Title: PD () Delete
Name: ALLISON, SAM L.,
Address: 12945 PINEAPPLE PLACE
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: ALLISON, ROBERT E., JR.
Address: 930 WEST AVE.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM L. ALLISON

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date