

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 854635**

1. Entity Name  
**R. W. ALLEN AND ASSOCIATES, INC.**



Principal Place of Business

**2205 HIGHLAND AVE.  
P O BOX 3925  
AUGUSTA, GA 30904**

Mailing Address

**2205 HIGHLAND AVE.  
P O BOX 3925  
AUGUSTA, GA 30904**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**58-1277101**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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            | ALLEN, R W          |
| STREET ADDRESS  | 2237 PICKENS RD     |
| CITY - ST - ZIP | AUGUSTA, GA         |
| TITLE           | VD                  |
| NAME            | ALLEN, ROBIN REEVE  |
| STREET ADDRESS  | 2237 PICKENS ROAD   |
| CITY - ST - ZIP | AUGUSTA, GA         |
| TITLE           | VP                  |
| NAME            | CLARK, SCOTT A      |
| STREET ADDRESS  | 714 COVE SPRINGS DR |
| CITY - ST - ZIP | MARTINEZ, GA 30907  |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

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01/15/04-80056-008 158.75

**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)(f), 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: *[Signature]* 1/9/04 706-733-2802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #