

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854635

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: R. W. ALLEN AND ASSOCIATES, INC.

## Current Principal Place of Business:

2205 HIGHLAND AVE.  
AUGUSTA, GA 30904

## New Principal Place of Business:

1015 BROAD STREET  
AUGUSTA, GA 30901

## Current Mailing Address:

PO BOX 3925  
AUGUSTA, GA 30914

## New Mailing Address:

PO BOX 2406  
AUGUSTA, GA 30903

FEI Number: 58-1277101

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOODYEAR, TOMMY C  
1865 WEST BROAD STREET  
SUITE A  
ATHENS, FL 30606 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: CEO ( ) Delete  
Name: ALLEN, RICHARD W MR  
Address: 2237 PICKENS RD  
City-St-Zip: AUGUSTA, GA 30904

Title: VP ( ) Delete  
Name: ALLEN, ROBIN R  
Address: 2237 PICKENS ROAD  
City-St-Zip: AUGUSTA, GA 30904

Title: PRES ( ) Delete  
Name: CLARK, SCOTT A  
Address: 714 COVE SPRINGS DR  
City-St-Zip: MARTINEZ, GA 30907

Title: CFO ( ) Delete  
Name: MELEAR, CONNIE M  
Address: 4262 WATERSTON CTYD  
City-St-Zip: EVANS, GA 30809

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CONNIE M MELEAR

CFO

03/23/2009

Electronic Signature of Signing Officer or Director

Date