## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## Apr 09, 2004 08:00 AM **DOCUMENT # F01000004708 Secretary of State** ALLEN INDUSTRIAL CONTRACTORS, INC. Mailing Address Principal Place of Business 2100 MACIVOR DRIVE CAIRO, GA 38728 39828 PO BOX 798 CAIRO, GA 37728 39828 CR2E034 (10/03) 03032004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2000873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BELL JR, JOHN P 8097 PRESERVATION ROAD TALLAHASSEE, FL 32312 IN THIS SPACE 5. 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 Systems, upped or printed name of registered agent and tall if applicable. (NOTE: Registered Agent argument sequired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000107193 Trust Fund Contribution Added to Fees U4/U3/U4-8UUU6-U08 150.00 OFFICERS AND DIRECTORS 10. POSD TITLE ALLEN, CHARLES T NAME. PO BOX 798 STREET ADDRESS CITY-ST-ZP CAIRO, GA 39828 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE E NAME STREET ADDRESS DO NOT WRITE CITY-57-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP mu NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or produced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or true changed, or on an attachment with an a

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