

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90108 009 ***150.00

DOCUMENT # F04000004657 1. Entity Name D.O. ALLEN HOMES, INC.					
Principal Place of Business 812 MOORESFIELD PARK DRIVE RICHMOND, VA 23236			Mailing Address 812 MOORESFIELD PARK DRIVE RICHMOND, VA 23236		
2. Principal Place of Business 812 Moorefield Park Dr Suite, Apt. #, etc. Ste. 304		3. Mailing Address 812 Moorefield Park Dr Suite, Apt. #, etc. Ste. 304			
City & State Richmond, VA		City & State Richmond, VA		4. FEI Number 54-1486364	
Zip 23236		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURST, CHRISTOPHER J CHRISTOPHER HURST, P.A. 4540 SOUTHSIDE BLVD., SUITE 302 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ALLEN, DONALD O 812 MOORESFIELD PARK DRIVE RICHMOND, VA 23236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV CHEVALIER, JOHN J 812 MOORESFIELD PARK DRIVE RICHMOND, VA 23236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLEN, PATRICIA S 812 MOORESFIELD PARK DRIVE RICHMOND, VA 23236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>John J. Chevalier</u> JOHN J. CHEVALIER <u>7/20/05</u> <u>(813) 323-1362</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					