2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-09-2007 90062 020 ****71.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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04-02-07 01043 006 $87.50
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DOCUMENT # F05000003249

1. Entity Name
ALLEN SIDING COMPANY, INC.

Principal Place of Business	Mailing Address
541 GALAXIE DRIVE SOUTH ABBEVILLE, AL 36310	541 GALAXIE DRIVE SOUTH ABBEVILLE, AL 36310

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
983 J Harris Rd	PO Box 1425
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Dothan
City & State: Slocomb, AL	City & State: AL
Zip: 36375 Country: Geneva	Zip: 36302 Country: Houston

4. FEI Number: 63-1163306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DULANEY, DAVID 4129 HAYNES LANE MARIANNA, FL 32446	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPS ALLEN, JANICE 541 GALAXIE DRIVE SOUTH ABBEVILLE, AL 36310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 983 J. Harris Rd Slocomb, AL 36375
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALLEN, BILLY W 540 GALAXIE DR SOUTH ABBEVILLE, AL 36310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 983 J Harris Rd Slocomb, AL 36375
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/24/26	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Janice H Allen 4-8-07 334-790-6401
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #