## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT #F30349 ALLIED SPECIALTY COMPANY, INC. Principal Place of Business Mailing Address **4817 GRAPEVINE WAY 4817 GRAPEVINE WAY** FORT LAUDERDALE, FL 33331 FORT LAUDERDALE, FL 33331

**FILED** Jan 25, 2008 08:00 AM **Secretary of State** 



01232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2201488

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

LEBOYER, KARL **4817 GRAPEVINE WAY** FORT LAUDERDALE, FL 33331

## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	e named entity submits this statement for the p tions of registered agent.	surpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEBOYER, KARL S 4817 GRAPEVINE WAY FORT LAUDERDALE, FL 33331				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TON BRODEROXEE, TE 33331				000000797215 01/29/08-80065-006 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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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.					