

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90033 008 ***150.00

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1. Entity Name
ALLEN CANNING COMPANY



Principal Place of Business
**305 E. MAIN ST.
SILOAM SPRINGS, AR 72761**

Mailing Address
**P.O. BOX 250
SILOAM SPRINGS, AR 72761**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052008

Chg-P

CR2E034 (12/06)

4. FEI Number
71-0225020

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PDC
ALLEN, RODERICK L
305 E. MAIN ST.
SILOAM SPRINGS, AR 72761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT OF CORPORATE SVCS
PHILLIPS, JAMES W
SAME AS ABOVE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ALLEN, JOSHUA C
305 E. MAIN ST
SILOAM SPRINGS, AR 72761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT OF SCIENCE/TECHNOLOGY
WELLS, EARL
SAME AS ABOVE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ALLEN, NICHOLAS E
305 E MAIN ST
SILOAM SPRINGS, AR 72761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT OF FOODSERVICE SALES
HUBBARD, MICHAEL D
SAME AS ABOVE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT OF TRAFFIC
RUSH, BOBBY J
SAME AS ABOVE** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT OF INVENTORY
PENNER, RODNEY L
SAME AS ABOVE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT OF RETAIL SALES
RAY, BOBBY D
SAME AS ABOVE** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT OF PRODUCTION
WILLIAMS, JOHN W
SAME AS ABOVE** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY/CONTROLLER
SHERRELL, LORI L
SAME AS ABOVE** ☐ 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: *Nicholas E. Allen*

NICHOLAS E. ALLEN 5/16/08

479-524-6431 x309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #