

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003736

1. Entity Name
ALLIED CONVENTION SERVICE, INC.



Principal Place of Business
**2502 LAKE ORANGE DR
ORLANDO, FL 32837**

Mailing Address
**2502 LAKE ORANGE DR
ORLANDO, FL 32837**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2942140

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
ONE HARBOUR PLACE, SUITE 500
777 S. HARBOUR ISLAND BLVD.
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000060899
02/23/04-80058-013 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PREMONE, CHARLES T
STREET ADDRESS	2502 LAKE ORANGE DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VD
NAME	MCNEILL, JAMES H
STREET ADDRESS	2211 BROADWAY, N.E.
CITY-ST-ZIP	MINNEAPOLIS, MN
TITLE	V
NAME	CASEY, WILLIAM C
STREET ADDRESS	176 LINCOLN STREET
CITY-ST-ZIP	BRIGHTON, MA
TITLE	S
NAME	CAHILL, GEORGE F
STREET ADDRESS	ONE CENTER PLAZA
CITY-ST-ZIP	BOSTON, MA
TITLE	TD
NAME	MCNEILL, EDWARD J
STREET ADDRESS	8346 LAKE BURDEN CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	D
NAME	CASEY, TIMOTHY C
STREET ADDRESS	176 LINCOLN STREET
CITY-ST-ZIP	BRIGHTON, MA

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

407-851-0261

Daytime Phone #