

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003736

FILED
Mar 16, 2011
Secretary of State

Entity Name: ALLIED CONVENTION SERVICE, INC.

Current Principal Place of Business:

2502 LAKE ORANGE DR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2502 LAKE ORANGE DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-2942140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PREMONE, CHARLES T
Address: 2502 LAKE ORANGE DR
City-St-Zip: ORLANDO, FL 32837

Title: V
Name: MCNEILL, JAMES H
Address: 2 NORTH DEEP LAKE RD
City-St-Zip: NORTH OAKS, MN 55127

Title: S
Name: MCNEILL, EDWARD J
Address: 8346 LAKE BURDEN CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: T
Name: MCNEILL, EDWARD J
Address: 8346 LAKE BURDEN CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: CASEY, TIMOTHY C
Address: 1 WARREN STREET #202
City-St-Zip: CHARLESTOWN, MA 02129

Title: D
Name: CASEY, JOHN C
Address: 460 JERUSALEM RD
City-St-Zip: COHASSET, MA 02025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES T. PREMONE

PRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date