

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000004543**

1. Entity Name  
**DOUGLAS ALLRED COMPANY**



Principal Place of Business  
**11512 ELCAMINO REAL  
SUITE 100  
SAN DIEGO, CA 92130 US**

Mailing Address  
**11512 ELCAMINO REAL  
SUITE 100  
SAN DIEGO, CA 92130 US**



07122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0661718**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**U000000169379  
08/04/04-80007-001 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PC  
ALLRED, DOUGLAS O  
11512 EL CAMINO REAL, SUITE 100  
SAN DIEGO, CA 92130**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
ALLRED, DAVID F  
11512 EL CAMINO REAL SUITE 100  
SAN DIEGO, CA 92130**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
EPSTEIN, ROBERT T  
11512 EL CAMINO REAL SUITE 100  
SAN DIEGO, CA 92130**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(f), 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: Robert J. Epstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/3/04**  
Date

**(858) 793-0202**  
Daytime Phone #