

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67686

FILED
Apr 21, 2004
Secretary of State

Entity Name: ALLMAN & ASSOCIATES, INC.

Current Principal Place of Business:

9520 EDDINGS ROAD
ODESSA, FL 33556

New Principal Place of Business:

15906 WYNDOVER RD.
TAMPA, FL 33647

Current Mailing Address:

ALLMAN & ASSOCIATES, INC
16057 TAMPA PALMS BLVD. #W-120
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-2379394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLMAN, JACKIE
15906 WYNDOVER RD.
TAMPA, FL 33647

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALLMAN, JACKIE,
Address: 15906 WYNDOVER RD.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: ALLMAN, BRIAN,
Address: 15906 WYNDOVER RD.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: NAEHRING, DOUGLAS,
Address: 9520 EDDINGS RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NAEHRING, DOUGLAS,
Address: 15450 LAKESHORE VILLA BLVD. - BOX#165
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JACKIE ALLMAN

DP

04/21/2004

Electronic Signature of Signing Officer or Director

Date