

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H16083

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ALLEN ENTERPRISES OF GAINESVILLE, INC.

**Current Principal Place of Business:**

3545 S.W. 34TH STREET  
SUITE F  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 140280  
GAINESVILLE, FL 326140280 US

**New Mailing Address:**

**FEI Number:** 59-2440152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, CHARLES L.  
3545 SW 34 STREET  
SUITE F  
GAINESVILLE, FL 32608 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: PST  
Name: ALLEN, CHARLES L.  
Address: 3545 SW 34 STREET, SUITE F  
City-St-Zip: GAINESVILLE, FL 32608

Title: DV  
Name: ALLEN, JUNE P  
Address: 3545 SW 34TH ST, SUITE F  
City-St-Zip: GAINESVILLE, FL 32608

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 L. ALLEN

PST

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date