

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90050 036 ***150.00

DOCUMENT # H29842

1. Entity Name
TIM ALLEN & ASSOCIATES, INC.



Principal Place of Business
**% TIMOTHY R. ALLEN
1118 JENKS AVE
PANAMA CITY, FL 32401**

Mailing Address
**% TIMOTHY R. ALLEN
1118 JENKS AVE
PANAMA CITY, FL 32401**

40050000



DO NOT WRITE IN THIS SPACE

02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2465696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, TIMOTHY R.
1118 JENKS AVE
PANAMA CITY, FL 32401**

**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 is 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ALLEN, TIMOTHY R.
STREET ADDRESS	1118 JENKS AVE
CITY- ST- ZIP	PANAMA CITY, FL
TITLE	V.P.
NAME	ALLEN, TIMOTHY R.
STREET ADDRESS	1118 JENKS AVE.
CITY- ST- ZIP	PANAMA CITY, FL
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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4-2-07