## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # H66257 1. Entity Name ALLEN AND DANIELS CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 5826 SW 23 ST. HOLLYWOOD FL 33023 5826 SW 23 ST. HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FE! Number 59-2556601 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALLEN, DALE L. Street Address (P.O. Box Number is Not Acceptable) 5826 SW 23 ST. HOLLYWOOD FL 33023 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature reduired when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHÁNGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition HILE STD Delete NAME ALLEN, ROBERTA NAME STREET ADDRESS CTREET ADDRESS 5826 S.W. 23RD, ST. CITY-ST-ZIP HOLLYWOOD FL CITY - ST - ZIP ☐ Change Addition TITLE Delete THE U000000317857 ALLEN, DALE --NAME NAME 04/20/0S-80035-023 150.00 STREET ADDRESS 5826 S.W. 23RD ST. STREET ADDRESS HOLLYWOOD FL CHY-ST-ZIP CHTY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition HDF TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - 51 - ZIP 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

FILED

305-621-5119