## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 08:00 Al Secretary of State

DOCUMENT # J55	)t	552
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1. Entity Name

ALLEN E. ZIMMERMAN, INC.



US

Principal Place of Business

Mailing Address

1600 GULF BLVD

1600 GULF BLVD

#617

CLEARWATER, FL 33767 US

617

CLEARWATER, FL 33767



## DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2771711

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ZIMMERMAN, ALLEN E. 1600 GULF BLVD 617 CLEARWATER, FL 33767

## DO NOT WRITE IN THIS SPACE

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<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	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 obligations of registered agent.				
SIGNATURE Signature, 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	9. Election Campaign Financing \$5.00 May Be	000000894737 04/24/08-80039-005 150.00			

MILO III	ay 1, 2000 Fee Will be \$550.00		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIMMERMAN, ALLEN E. 1600 GULF BLVD 617 CLEARWATER, FL 33767		
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TITLE NAME STREET ADDRESS		•	

DO NOT WRITE

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MM EKMAN Date 4/10/08 Daytime Phone #