

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90069 018 ***150.00

DOCUMENT # K18176

1. Entity Name

ALLEN AND LEE, INC.



Principal Place of Business

4888 WEST SPENCER FIELD ROAD
PACE FL 32571

Mailing Address

4888 WEST SPENCER FIELD ROAD
PACE FL 32571

24026382



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2878998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, RALPH R.
4865 E SPENCER FIELD RD
PACE FL 32571

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME ALLEN, RALPH R.
STREET ADDRESS 4865 E SPENCER FIELD RD
CITY-ST-ZIP PACE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ALLEN, RALPH R II
STREET ADDRESS 687 OCEAN AVE
CITY-ST-ZIP NEW LONDON CT 06320

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ALLEN, RALPH R.
STREET ADDRESS 4865 E SPENCER FIELD RD
CITY-ST-ZIP PACE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME ALLEN, RALPH R.
STREET ADDRESS 4865 SPENCER FIELD RD
CITY-ST-ZIP PACE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MERYLE, L. LOUCKAUSEN
STREET ADDRESS 4675 GERI ST
CITY-ST-ZIP MILTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BALK, DEBORAH A
STREET ADDRESS 1339 GREENLEAF DR
CITY-ST-ZIP PACE FL 32571

TITLE ☒ Change ☐ Addition
NAME D BALK, Deborah A
STREET ADDRESS 4655 Fowler DR.
CITY-ST-ZIP Pace, FL 32571

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Ralph R. Allen

RALPH R. ALLEN

3-17-04

850-994-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #