

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90074 013 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2878998**

Applied For
Not Applicable

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

1st MOORE

CR2E034 (10/04)



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, 2005 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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **BALK, DEBORAH A**
STREET ADDRESS **4655 FOWLER DR.**
CITY-ST-ZIP **PACE FL 32571**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **D Deborah A. ALLEN**
STREET ADDRESS **4865 E. Spencer Field Rd.**
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

Date

850-994-9321

Daytime Phone #