


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90015 043 \*\*\*150.00

**DOCUMENT # K36796**  
 1. Entity Name  
**ALLEN & GLEASON CONFECTIONERY FOOD BROKERS, INC.**



Principal Place of Business: **16005 WYNDOVER RD TAMPA FL 33647 US**  
 Mailing Address: **PO BOX 48977 TAMPA FL 33647 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2914721** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**SIMMONS-ALLEN, SHARI**  
**16005 WYNDOVER ROAD**  
**TAMPA FL 33647**

7. Name and Address of New Registered Agent  
 Name: **ALLEN, SHARI SIMMONS**  
 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: *Shari Simmons Allen* DATE: **3/14/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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: <b>P</b> <input type="checkbox"/> Delete	NAME: <b>ALLEN, SHARI S</b> STREET ADDRESS: <b>16005 WYNDOVER RD</b> CITY-ST-ZIP: <b>TAMPA FL 33647</b>
TITLE: <b>VP</b> <input type="checkbox"/> Delete	NAME: <b>COCHRAN, MICHAEL</b> STREET ADDRESS: <b>1270 NW 47TH ST</b> CITY-ST-ZIP: <b>POMPANO BEACH FL 33064</b>
TITLE: <b>T</b> <input type="checkbox"/> Delete	NAME: <b>ALLEN, SHARI S</b> STREET ADDRESS: <b>16005 WYNDOVER RD</b> CITY-ST-ZIP: <b>TAMPA FL 33647</b>
TITLE: <b>S</b> <input type="checkbox"/> Delete	NAME: <b>COCHRAN, MICHAEL</b> STREET ADDRESS: <b>1270 NW 47TH ST</b> CITY-ST-ZIP: <b>POMPANO BEACH FL 33064</b>
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: <b>1271 N.W. 48th Street</b> CITY-ST-ZIP:
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: <b>1271 N.W. 48th Street</b> CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:

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: *Shari Simmons Allen* DATE: **3/14/05** 813-972-1375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #