

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90025 001 ***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: **708 Pennyroyal Place**
 3. Mailing Address: **708 Pennyroyal Place**
 Suite, Apt. #, etc.: **BRANDON, FL**

1st MOORE CR2E034 (10/05)

City & State: **Brandon, FL**
 City & State: **FL**
 Zip: **33510** Country: **33510** Country:

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 Simmons
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): **708 Pennyroyal Place**
 City: **Brandon** FL Zip Code: **33510**

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* (PRESIDENT) 1/30/06
 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, 2006 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: P <input type="checkbox"/> Delete	NAME: ALLEN, SHARI S
STREET ADDRESS: 16005 WYNDOVER RD	CITY-ST-ZIP: TAMPA FL 33647
TITLE: VP <input type="checkbox"/> Delete	NAME: COCHRAN, MICHAEL
STREET ADDRESS: 1271 NW 48TH STREET	CITY-ST-ZIP: POMPANO BEACH FL 33064
TITLE: T <input type="checkbox"/> Delete	NAME: ALLEN, SHARI S
STREET ADDRESS: 16005 WYNDOVER RD	CITY-ST-ZIP: TAMPA FL 33647
TITLE: S <input type="checkbox"/> Delete	NAME: COCHRAN, MICHAEL
STREET ADDRESS: 1271 NW 48 TH STREET	CITY-ST-ZIP: POMPANO BEACH FL 33064
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 708 Pennyroyal Place
STREET ADDRESS: 708 Pennyroyal Place	CITY-ST-ZIP: BRANDON, FL 33510
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 708 Pennyroyal Place
STREET ADDRESS: 708 Pennyroyal Place	CITY-ST-ZIP: BRANDON, FL 33510
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Shari Simmons Allen* 1/30/06 813-689-2882
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Shari Simmons Allen** Daytime Phone #