


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 708 PENNYROYAL PL BRANDON, FL 33510 US	Mailing Address 708 PENNYROYAL PL BRANDON, FL 33510 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2914721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS ALLEN, SHARI
 708 PENNYROYAL PL
 BRANDON, FL 33510

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000788766
 01/18/08-80055-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, SHARI S 708 PENNYROYAL PL BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCHRAN, MICHAEL 1271 NW 48TH STREET POMPAÑO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, SHARI S 708 PENNYROYAL PL BRANDON, FL 33510
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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: Shari Simmons Allen 1/15/08 813-689-2882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #