


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M25919 1. Entity Name ALLEN DEVELOPMENT CORPORATION		
Principal Place of Business 1776 N PINE ISLAND RD., SUITE 318 PLANTATION, FL 33322	Mailing Address 1776 N PINE ISLAND RD., SUITE 318 PLANTATION, FL 33322	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHAPIRO, KENNETH SHAPIRO & ABRAMS 1776 N PINE ISLAND ROAD STE 308 PLANTATION, FL 33322		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P MORRIS, KENNETH E. 1776 N. PINE ISLAND RD., STE 318 PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S MORRIS, DOROTHEA S. 1776 N. PINE ISLAND RD. PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD MORRIS, ALLEN I 1776 N PINE ISLAND ROAD SUITE 318 PLANTATION, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>KENNETH E. MORRIS</u> 1/6/04 954-474-1776 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-0696301

Applied For
Not Applicable

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

000000014245
01/27/04-80016-002 150.00

**DO NOT WRITE
IN THIS SPACE**