


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # M25919 1. Entity Name ALLEN DEVELOPMENT CORPORATION	
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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
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03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0696301	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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**

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

**U000000262991
03/14/05-80078-022 150.00**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 employed.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

Date

954-474-1776

Daytime Phone #