2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M25919

1. Entity Name
ALLEN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1776 N PINE ISLAND RD., SUITE 318 PLANTATION, FL 33322	1776 N PINE ISLAND RD., SUITE 318 PLANTATION, FL 33322

01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-0696301
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, KENNETH
SHAPIRO & ABRAMS
1776 N PINE ISLAND ROAD STE 308
PLANTATION, FL 33322

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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 _____ DATE
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, KENNETH E.
STREET ADDRESS	1776 N. PINE ISLAND RD., STE 318
CITY-ST-ZIP	PLANTATION, FL
TITLE	S
NAME	MORRIS, DOROTHEA S.
STREET ADDRESS	1776 N. PINE ISLAND RD.
CITY-ST-ZIP	PLANTATION, FL
TITLE	STD
NAME	MORRIS, ALLEN I
STREET ADDRESS	1776 N PINE ISLAND ROAD SUITE 318
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80067-024 150.00

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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: _____ 2/10/07 954-474-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #