

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 31, 2008 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 **1776 N PINE ISLAND RD., SUITE 318**
PLANTATION, FL 33322 **PLANTATION, FL 33322**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-0696301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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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 02/06/08-80068-020-150.00

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:  **1/17/08** **954-474-1776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #