

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002831		
1. Entity Name THE ALLEN FUND, INC.		
Principal Place of Business 4312 DOWN POINT LANE WINDERMERE, FL 34786		Mailing Address 4312 DOWN POINT LANE WINDERMERE, FL 34786
DO NOT WRITE IN THIS SPACE		
		
02062004 No Chg-NP CR2E037 (10/03)		
4. FEI Number 65-0835828		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 ALLEN, EDWARD R 4312 DOWN POINT LANE WINDERMERE, FL 34786		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000043079 02/10/04 80051 003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ALLEN, EDWARD R 4312 DOWN POINT LANE WINDERMERE, FL 34786	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JOHN K 11330 WINSTON WILLOW CT WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEN, SUZANNE Y 4312 DOWN POINT LANE WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, KENNETH E 146 MOCK WOOD RD MOORESVILLE, NC 28115	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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>Suzanne Y. Allen, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/6/04</u> Daytime Phone # <u>407-909-8951</u>