

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000028566

1. Entity Name

MARLIN ALLEN CONST., INC.



FILED
Apr 14, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3644733** Applied For ☐ Not Apply

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

6. Name and Address of Current Registered Agent

ALLEN, MARLIN K
706 GA. AVE
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ALLEN, MARLIN K	
STREET ADDRESS	706 GA. AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME	U00000507193	
STREET ADDRESS	04/27/05-00054-012 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARLIN K. ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-06-06

850-52748
Daytime Phone #