

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90399 021 ***150.00

DOCUMENT # P00000051954

1. Entity Name

J. ALLEN & ASSOCIATES, INC.



Principal Place of Business

1331 E LAFAYETTE STREET
SUITE D
TALLAHASSEE FL 32301

Mailing Address

1331 E LAFAYETTE STREET
SUITE D
TALLAHASSEE FL 32301

2. Principal Place of Business

8800 Green Oak Dr.

Suite, Apt. #, etc.

3. Mailing Address

8800 Green Oak Dr.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

TALL. FL. 32317

Zip

32317

Country

LEON

City & State

TALL. FL.

Zip

32317

Country

LEON

4. FEI Number

65-0791845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACHLER, LAWRENCE
6647 LANDOVER CIRCLE
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

Name
Victoria Achler

Street Address (P.O. Box Number is Not Acceptable)

8800 Green Oak Dr.

City
TALL.

FL

Zip Code
32317

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

4.27.04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
ACHLER, LAWRENCE
6647 LANDOVER CIRCLE
TALLAHASSEE FL 32317

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Victoria Achler
8800 Green Oak Dr
TALL. FL.

☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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 empowered.

SIGNATURE:

Victoria Achler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.04

Date

850-877-2552

Daytime Phone #