

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90032 015 ***150.00

DOCUMENT # P0000011772 1. Entity Name ALLMON FAMILY ENTERPRISES, INC.					
Principal Place of Business 9400 S TROPICAL TRAIL MERRITT ISLAND, FL 32952			Mailing Address 9400 S TROPICAL TRAIL MERRITT ISLAND, FL 32952		
2. Principal Place of Business		3. Mailing Address 301 Surf Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cape Canaveral FL			
Zip 32920	Country USA	4. FEI Number 59-3689154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASARCH, STEVEN J 1900 NW CORPORATE BLVD STE 400 BOCA RATON, FL 33431.			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLMON, CAROLYN M 9400 S TROPICAL TRAIL MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS CAMPBELL, BARBARA A 301 SURF DR CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CAMPBELL, LINDEN S 301 SURF DR CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Barbara A. Campbell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			VP/Secretary <small>Date</small>		
1/30/2006			321-693-2544 <small>Daytime Phone #</small>		