

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111772

FILED  
Jan 05, 2010  
Secretary of State

Entity Name: ALLMON FAMILY ENTERPRISES, INC.

**Current Principal Place of Business:**

9400 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1626  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 59-3689154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASARCH, STEVEN J  
20283 STATE RD 7  
SUITE 400  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ALLMON, CAROLYN M  
Address: 9400 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DVPS  
Name: CAMPBELL, BARBARA A  
Address: 301 SURF DR  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DVPT  
Name: CAMPBELL, LINDEN S  
Address: 301 SURF DR  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A. CAMPBELL

DVPS

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date