

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90126 040 ***150.00

DOCUMENT # P01000017835					
1. Entity Name ALLEN BED COMPANY, INC.					
Principal Place of Business 129 LAKE JUNE RD. N.W. LAKE PLACID, FL 33852			Mailing Address 129 LAKE JUNE RD. N.W. LAKE PLACID, FL 33852		
2. Principal Place of Business 721 Catfish Creek Rd. Suite, Apt. #, etc.		3. Mailing Address 721 Catfish Creek Rd. Suite, Apt. #, etc.			
City & State Lake Placid FL		City & State Lake Placid FL		4. FEI Number 65-1085930	
Zip 33852		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NIELANDER, WILLIAM J 116 E. INTERLAKE BLVD. LAKE PLACID, FL 33852			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, 2005 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	D SCHWALBE, ALLEN F 129 LAKE JUNE RD. N.W. LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 Catfish Creek Rd. Lake Placid, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWALBE, MARGERY H 129 LAKE JUNE RD. N.W. LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 Catfish Creek Rd. Lake Placid, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Allen Schwalbe</i> Allen Schwalbe			3/5/05 863-385-6690 x350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		