2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 8:00 am

DOCUMENT # P01000021967 1. Entity Name ALLEN & COMPANY FINANCIAL CORPORATION					Secretary of State 03-03-2006 90110 046 ***150.00							
Principal Plac	e of Business	Mailing Address	Jailing Address		1							
Principal Place of Business 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			'_							
				.								
2. Principal P	lace of Business	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282006	Chg-P	CR2E0	34 (11/05)				
City & State		City & State			4. FEI Numbe 59-371				plied For t Applicable			
Žip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require				
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New Re	gistered A	gent				
ALLEN D	N DH C		Name	Name								
ALLEN, RALPH C 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			Street Add	Street Address (P.O. Box Number is Not Acceptable)								
	į,											
	"		City				FL	Zip Code	9			
8. The above the obligati	named entity submits this statement for toons of registered agent.	he purpose of changing its re	egistered office or re	egistere	d agent, or bot	h, in the State of Flor	ida. I am fa	amiliar with,	and accept			
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	E NOW!!! FEE IS \$150.00 ly 1, 2006 Fee will be \$550.00		O May Be I to Fees									
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11			
TITLE NAME STREET ADDRESS	DP ALLEN, RALPH C 1401 SOUTH FLORIDA AVENUE	☐ Defete	TITLE NAME STREET ADDRESS	Vir 140	South	len Hought Florida Av	on	☐ Change	X Addition			
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP			TL 33803			571			
NAME	D RUMPH, WILLIAM E III	☐ Delete	TITLE NAME STREET ADDRESS	Sco	ector tt McHug	gh Florida Av		Change	X Addition			
STREET ADDRESS CITY-ST-ZIP	1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		CITY-ST-ZIP		eland, E		enue	•	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, JAMES C 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, KEITH 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWLEY, LAURA J 1401 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition			
TITLE NAME STREET AOORESS CITY-ST-ZIP	ertify that the information supplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ntained i	n Chanter 110	Florida Statutos 1 6		Change	Addition			

I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or suppliemental 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 807, 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.

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Ralph C. Allen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2006

863-688-9000