

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000072534	
1. Entity Name ALLEN DEVELOPMENT GROUP, INC.	

Principal Place of Business 614 NE 11 AVE. FT. LAUDERDALE, FL 33304-4627	Mailing Address 614 NE 11 AVE. FT. LAUDERDALE, FL 33304-4627
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1124535	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALLEN, GARY A
614 NE 11 AVENUE
FORT LAUDERDALE, FL 33304**

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/30/04-80023-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLEN, GARY A 614 NE 11 AVENUE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, RAYMOND ST. CHRISTOPHER ST. PETER JERSEY GT BRITAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, P S ST. CHRISTOPHERS ST. PETER JERSEY GT BRITAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, T M ST. CHRISTOPHERS ST. PETER JERSEY GT BRITAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEVRE, Y S ST. CHRISTOPHERS ST. PETER JERSEY GT BRITAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Gary A. Allen **04/01/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #