

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119371

Entity Name: ALLAN CORNELL INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1157 GRANDVIEW CIR
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1157 GRANDVIEW CIR
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 01-0628271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELL, ALLAN
1157 GRANDVIEW CIR
ROYAL PALM BEACH, FL 33411 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 () Delete
Name: CORNELL, ALLAN
Address: 11319 41ST CT. N
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DST () Delete
Name: CORNELL, APRIL
Address: 11319 41ST CT. N
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: CORNELL, JODIE
Address: 11319 41ST CT. N
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALLAN CORNELL

PRES

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date