

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000022334

1. Entity Name
ALLISON & COMPANY, INC.



Principal Place of Business

109 N PALM AVE
INDIALANTIC, FL 32903 US

Mailing Address

109 N PALM AVE
INDIALANTIC, FL 32903 US



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. H I Number
04-3743964

Applied for
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPACCIO, DAWN C
320 TENTH TERRACE
INDIALANTIC, FL 32903

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and firm if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U00000345561

04/30/05 88839-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME	CEO SPACCIO, DAWN C
STREET ADDRESS CITY ST ZIP	320 TENTH TERRACE INDIALANTIC, FL 32903
TITLE NAME	
STREET ADDRESS CITY ST ZIP	
TITLE NAME	
STREET ADDRESS CITY ST ZIP	
TITLE NAME	
STREET ADDRESS CITY ST ZIP	
TITLE NAME	
STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

DATE

Display Phone #