

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90193 036 \*\*\*150.00

DOCUMENT # P03000101381

1. Entity Name  
ALLEN & JENNY ENTERPRISES, INC.



Principal Place of Business  
4150 SW 120 ST  
BELLEVUE, FL 34420

Mailing Address  
4150 SW 120 ST  
BELLEVUE, FL 34420

2. Principal Place of Business  
4150 S.E. 120TH ST.  
Suite, Apt. #, etc.

3. Mailing Address  
4150 S.E. 120TH ST.  
Suite, Apt. #, etc.

City & State  
BELLEVUE, FL  
Zip Country  
34420-4970 MARION

City & State  
BELLEVUE, FL  
Zip Country  
34420-4970 MARION

04292004 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0185386  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, ROBERT A  
4150 SW 120 ST  
BELLEVUE, FL 34420

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
4150 S.E. 120TH ST.  
City BELLEVUE FL Zip Code 34420-4970

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 title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ROBERT A		NAME		
STREET ADDRESS	4150 SW 120 ST		STREET ADDRESS	4150 S.E. 120TH ST.	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	BELLEVUE, FL 34420-4970	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, VIRGINIA L		NAME		
STREET ADDRESS	4150 SW 120 ST		STREET ADDRESS	4150 S.E. 120TH ST.	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	BELLEVUE, FL 34420-4970	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Robert A. Gardner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04 - 352-245-2502  
Date Daytime Phone #