

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90082 039 \*\*\*150.00

**DOCUMENT # P03000102484**

1. Entity Name

ALLEN KONRAD HOLDINGS CORP.



Principal Place of Business

1877 S FEDERAL HIGHWAY SUITE 101  
BOCA RATON FL 33432

Mailing Address

1877 S FEDERAL HIGHWAY SUITE 101  
BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-0285638

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, BRADFORD D  
731 VIA LOMBARDY  
WINTER PARK FL 32789

Name

TIMOTHY L. ALLEN

Street Address (P.O. Box Number is Not Acceptable)

1877 S. FEDERAL HWY.

SUITE 101

City

BOCA RATON

**FL**

Zip Code  
33432

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 registering)

4/23/07

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
ALLEN, TIMOTHY L PRESIDE  
1775 SW 2ND AVENUE  
BOCA RATON FL 33438 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

DATE

561.347.7292

Daytime Phone #