

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90019 023 \*\*\*150.00

**DOCUMENT # P03000113430**

1. Entity Name  
**ALLWAC MANAGEMENT COMPANY, INC.**



Principal Place of Business  
**1713 MAHON DR  
TALLAHASSEE, FL 32308**

Mailing Address  
**1713 MAHON DR  
TALLAHASSEE, FL 32308**

**50001103**

2. Principal Place of Business  
**1713 MAHON DR**

3. Mailing Address  
**1713 MAHON DR**



01062005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**20-0344080**

Applied For  
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

## 6. Name and Address of Current Registered Agent

**KOREN, EDWARD F  
100 N TAMPA ST, STE 4100  
TAMPA, FL 33602**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME REED, SUMNER A  
STREET ADDRESS 1713 MAHON DR  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete  
NAME ALLEN, PACE A SR  
STREET ADDRESS 2214 THOMASVILLE RD  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete  
NAME ALLEN, DONNA  
STREET ADDRESS 21500 FRONT BEACH RD  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1713 MAHON DR  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #