

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90023 037 \*\*\*150.00

DOCUMENT # P03000114690

1. Entity Name

JOHN T. ALLEN ELECTRIC COMPANY, INC.



Principal Place of Business

8303 STATE ROAD 100  
KEYSTONE HEIGHTS FL 32656  
US

Mailing Address

P.O. BOX 198  
KEYSTONE HEIGHTS FL 32656  
US



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

8303 St. Rd. 100

3. Mailing Address

P.O. Box 198

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Keystone Hgts Fla

City & State

Keystone Hgts Fl

Zip

32656

Country

U.S.A.

Zip

32656

Country

U.S.A.

4. FEI Number

43-2031294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JAMES J JR.  
803 MAGNOLIA AVE  
KEYSTONE HEIGHTS FL 32656

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 re-registering)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, JOHN T SR. 8303 STATE ROAD 100 KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, JOHN T SR. 8303 STATE ROAD 100 KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. ALLEN, JOHN T SR. 8303 STATE ROAD 100 KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA ALLEN, JOHN T SR. 8303 STATE RD. 100 KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D D Cheryl A. Allen 8303 St. Rd. 100 Keystone Hgts Fl 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*John T. Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #