

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90024 049 \*\*\*150.00

**DOCUMENT # P03000132042**

1. Entity Name  
**ALLEN LOUDEN MASONRY, INC**



Principal Place of Business  
**RT 9 BOX 2147  
LAKE CITY, FL 32024**

Mailing Address  
**RT 9 BOX 2147  
LAKE CITY, FL 32024**



02162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

**10352 SW SR 47**  
Suite, Apt. #, etc.

3. Mailing Address

**10352 SW SR 47**  
Suite, Apt. #, etc.

City & State

**Ft. White, FL**

City & State

**Ft. White, FL**

4. FEI Number

**20-0397647**

Applied For

Not Applicable

Zip

**32038**

Country

**Columbia**

Zip

**32038**

Country

**Columbia**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LOUDEN, ALLEN  
RT 9 BOX 2147  
LAKE CITY, FL 32024**

7. Name and Address of New Registered Agent

Name

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

**10352 SW SR 47**

City

**Ft. White**

**FL**

Zip Code  
**32038**

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, 2006 Fee will be \$550.00**

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  
**PVP  
LOUDEN, ALLEN  
RT 9 BOX 2147  
LAKE CITY, FL 32024** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
LOUDEN, ALLEN  
RT 9 BOX 2147  
LAKE CITY, FL 32024** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10352 SW SR 47  
Ft. White, FL 32038** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10352 SW SR 47  
Ft. White, FL 32038** ☐ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Allen Loudon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-06**  
Date

**384-758-8375**  
Daytime Phone #