

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142169

Entity Name: ALLEN FOY, INC.

FILED
Feb 13, 2006
Secretary of State

Current Principal Place of Business:

1036 N 21ST ST
JACKSONVILLE BCH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

1036 N 21ST ST
JACKSONVILLE BCH, FL 32250 US

New Mailing Address:

FEI Number: 58-2677282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOY, ALLEN
1036 N 21ST ST
JACKSONVILLE BCH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOY, ALLEN
Address: 1036 N 21ST ST
City-St-Zip: JACKSONVILLE BCH, FL 32250 US

Title: S () Delete
Name: WATERS, SARAH
Address: 1197 COVE LANDING DR
City-St-Zip: ATLANTIC BCH, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WATERS, SARAH
Address: 1036 N 21ST ST
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN FOY

P

02/13/2006

Electronic Signature of Signing Officer or Director

Date