

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

*JP*

DOCUMENT # P03000150697

1. Entity Name  
BAREN ALLEN CONSTRUCTION, INC.



FILED

05 MAR 29 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
101 N. QUAIL HOLLOW RD.  
HAVANA, FL 32351

Mailing Address  
101 N. QUAIL HOLLOW RD.  
HAVANA, FL 32351

2. Principal Place of Business  
**5620 OLD HICKORY LN.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5620 OLD HICKORY LANE**  
Suite, Apt. #, etc.



01102005 Chg-P CR2E034 (10/03)

City & State  
**TALLAHASSEE, FL.**

City & State  
**TALLAHASSEE, FL.**

4. FEI Number  
**33-1078534**

Applied For  
Not Applicable

Zip  
**32302**

Country  
**USA.**

Zip  
**32302**

Country  
**USA.**

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

6. Name and Address of Current Registered Agent

EAGEN, JOHN E  
3841 KILLEARN CENTER CT., STE. A  
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name  
**KATHRYN EAGEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**818 Ashlyn Forest**  
City  
**TALLAHASSEE** FL Zip Code  
**32303**

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 *Kathryn Eagen* **OFFICE Administrator**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**3-28-05**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ALLEN, QUENTIN  
P.O. BOX 1522  
TALLAHASSEE, FL 32302 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRUNGART, CURTIS  
1446 ASHVILLE HIGHLANDS DR.  
GREENVILLE, FL 32331 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SANDERS, STEPHEN  
665 BUCKHORNE TR.  
GREENVILLE, FL 32331 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PYLES, KEN  
1245 YEARLING DR.  
TALLAHASSEE, FL 32302 ☒ 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  
VP  
DAVID PORTER  
17995 RAKESTRAW DR.  
TALLAHASSEE, FL 32310 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**900050217139**  
**04/08/05--01005--004 \*\*300.00**

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

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ 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 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: *Quentin Allen* **QUENTIN ALLEN**

**3-15-05**

**(850) 510-3911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #