


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000150697	
1. Entity Name BAREN ALLEN CONSTRUCTION, INC.	

**FILED**  
06 JAN 20 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5620 OLD HICKORY LANE TALLAHASSEE, FL 32302	Mailing Address 5620 OLD HICKORY LANE TALLAHASSEE, FL 32302
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2. Principal Place of Business 3909 Reserve Drive Suite, Apt. #, etc. 713 City & State Tally, FL Zip 32311 Country UNITED STATES	3. Mailing Address 3909 Reserve Drive Suite, Apt. #, etc. 713 City & State Tally, FL Zip 32311 Country UNITED STATES
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01032006 Chg-P CR2E034 (11/05)

4. FEI Number 33-1078534	Applied For <input type="checkbox"/> Not Applicable
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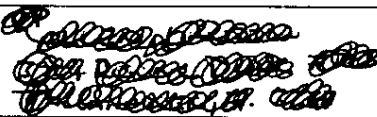
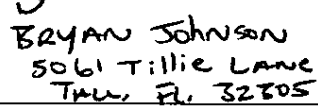
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EAGEN, KATHRYN 818 ASHLYN FOREST TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, QUENTIN P.O. BOX 1522 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>Quentin Allen</b> 3909 Reserve Drive #713 Tallahassee, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNGART, CURTIS 1446 ASHVILLE HIGHLANDS DR. GREENVILLE, FL 32331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, DERRICK K 595 CHASE DRIVE MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>BRYAN JOHNSON</b> 5061 Tillie Lane TALL, FL 32305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700065081167 02/02/06--01023--022 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06 (850) 510-3911

Date

Daytime Phone #