## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P03000151297** 1. Entity Name ALLEN MCCULLOUGH INC Principal Place of Business Mailing Address 2014 149TH AVENUE **2014 149TH AVENUE** LUTZ, FL 33549 LUTZ, FL 33549 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3291481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCULLOUGH, ALLEN P DO NOT WRITE 2014 149TH AVE LUTZ, FL 33549 IN THIS SPACE 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. 1 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 U00000684562 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/06/07-80036-018 150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE MCCULLOUGH, ALLEN P NAME STREET ADDRESS 2014 149TH AVE CITY-ST-ZIP LUTZ, FL 33549 TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

name Street address

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTO

3-28-07 8/3-97/-5780

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Daytime Phone #

FILED