


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State


DOCUMENT # P03000152535	
1. Entity Name WADE L. ALLEN JR., INC.	

Principal Place of Business 5410 PIPELINE RD. PENSACOLA FL 32505	Mailing Address 5410 PIPELINE RD. PENSACOLA FL 32505
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
-------------------------	-------------------------

Zip	Country	Zip	Country
------------	----------------	------------	----------------

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 42-1613701	Applied For Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent ALLEN, WADE L JR. 5410 PIPELINE RD. PENSACOLA FL 32505	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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	DATE (NOTE: Registered Agent signature required when reinstating)
--	---

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
<table border="1"> <tr> <td>TITLE</td> <td>P <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALLEN, WADE L JR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5410 PIPELINE RD.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA FL 32505</td> </tr> </table>	TITLE	P <input type="checkbox"/> Delete	NAME	ALLEN, WADE L JR.	STREET ADDRESS	5410 PIPELINE RD.	CITY-ST-ZIP	PENSACOLA FL 32505	<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete																
NAME	ALLEN, WADE L JR.																
STREET ADDRESS	5410 PIPELINE RD.																
CITY-ST-ZIP	PENSACOLA FL 32505																
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	

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: <i>Wade L Allen Jr</i>	4/25/05 (850) 435-7354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #