

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063206

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: MCAFEE ALLEN, INC.

## Current Principal Place of Business:

1008 PARK AVE  
ORANGE PARK, FL 32073 US

## New Principal Place of Business:

## Current Mailing Address:

2705 GRAND AVENUE  
JACKSONVILLE, FL 322104322 US

## New Mailing Address:

FEI Number: 20-1037040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC  
554 LOMAX STREET  
JACKSONVILLE, FL 32204 US

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: CHRISTIAN COX PREJEAN, VP

03/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MCAFEE, ROBERT S  
Address: 1008 PARK AVENUE  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DVP ( ) Delete  
Name: ALLEN, ALFRED G  
Address: 1008 PARK AVENUE  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DS ( ) Delete  
Name: MCAFEE, ANN C  
Address: 1008 PARK AVENUE  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DT ( ) Delete  
Name: ALLEN, JOANNE G  
Address: 1008 PARK AVENUE  
City-St-Zip: ORANGE PARK, FL 32073 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT S. MCAFEE

DP

03/17/2008

Electronic Signature of Signing Officer or Director

Date