

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000139823

1. Entity Name
ALLISON ALLEN, INC.



Principal Place of Business
**1891 CAPITAL CIRCLE NE
#1
TALLAHASSEE, FL 32308**

Mailing Address
**4112 ZERMATT DRIVE
TALLAHASSEE, FL 32303**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1752420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENTON, RICHARD E
1415 EAST PIEDMONT DRIVE STE 4
TALLAHASSEE, FL 32308**

**DO NOT WRITE
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. I 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000583256
01/11/07-80065-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PS |
| NAME | TAYLOR, JUDITH L |
| STREET ADDRESS | 4112 ZERMATT DRIVE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | VT |
| NAME | TAYLOR, DARRELL A |
| STREET ADDRESS | 4112 ZERMATT DRIVE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Judith L. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith L. Taylor

1/9/07
Date

(850) 508-2294
Daytime Phone #