


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000139823</b>	
1. Entity Name <b>ALLISON ALLEN, INC.</b>	

Principal Place of Business <b>1891 CAPITAL CIRCLE NE #150 TALLAHASSEE, FL 32308</b>	Mailing Address <b>4112 ZERMATT DRIVE TALLAHASSEE, FL 32303</b>
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01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1752420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 reconstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000785272

01/16/08-80088-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>PS</b>	<b>TAYLOR, JUDITH L 4112 ZERMATT DRIVE TALLAHASSEE, FL 32303</b>
NAME <b>TAYLOR, JUDITH L</b>	
STREET ADDRESS <b>4112 ZERMATT DRIVE</b>	<b>TAYLOR, DARRELL A 4112 ZERMATT DRIVE TALLAHASSEE, FL 32303</b>
CITY-ST-ZIP <b>TALLAHASSEE, FL 32303</b>	
TITLE <b>VT</b>	<b>TAYLOR, DARRELL A 4112 ZERMATT DRIVE TALLAHASSEE, FL 32303</b>
NAME <b>TAYLOR, DARRELL A</b>	
STREET ADDRESS <b>4112 ZERMATT DRIVE</b>	<b>TAYLOR, DARRELL A 4112 ZERMATT DRIVE TALLAHASSEE, FL 32303</b>
CITY-ST-ZIP <b>TALLAHASSEE, FL 32303</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 Judith L. Taylor 1/14/08 (850)508-2294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #