

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90188 036 ***150.00

DOCUMENT # P05000011077

1. Entity Name

J.F. ALLEN INC.



Principal Place of Business

6869 S.W. 39 TERRACE
MIAMI FL 33155

Mailing Address

6869 S.W. 39 TERRACE
MIAMI FL 33155



2. Principal Place of Business

18621-211th DRIVE

3. Mailing Address

18621-211 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

LIVE OAK, FL.

City & State

LIVE OAK, FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip

32060

Country

USA.

Zip

32060

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JOHN F
6869 S.W. 39 TERRACE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name ALLEN, JOHN F.

Street Address (P.O. Box Number is Not Acceptable)
18621-211th DRIVE

City LIVE OAK,

FL

Zip Code 32060

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ALLEN, JOHN F
STREET ADDRESS 6869 S.W. 39 TERRACE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 18621-211th DRIVE
CITY-ST-ZIP LIVE OAK, FL. 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

386-776-2337

Date:

Daytime Phone #