

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018060

Entity Name: ALLEN PREMIER IMPORTS, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

2894 AMELIA BLUFF DRIVE  
JACKSONVILLE, FL 32226

## New Principal Place of Business:

210 STATE ROAD 16  
ST. AUGUSTINE, FL 32084 US

## Current Mailing Address:

2894 AMELIA BLUFF DRIVE  
JACKSONVILLE, FL 32226

## New Mailing Address:

P O BOX 3178  
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 20-2270136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, WENDI  
2894 AMELIA BLUFF DRIVE  
JACKSONVILLE, FL 32226 US

## Name and Address of New Registered Agent:

ALLEN, WENDI  
210 STATE ROAD 16  
ST. AUGUSTINE, FL 32084 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALLEN, MARK  
Address: 2894 AMELIA BLUFF DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: V ( ) Delete  
Name: ALLEN, WENDI  
Address: 2894 AMELIA BLUFF DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALLEN, MARK  
Address: P O BOX 3178  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: V (X) Change ( ) Addition  
Name: ALLEN, WENDI  
Address: P O BOX 3178  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

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: WENDI ALLEN

VP

04/28/2008

Electronic Signature of Signing Officer or Director

Date