

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000022362

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** MARK ALLISON & ASSOCIATES P.A.

**Current Principal Place of Business:**

491 PINE NEEDLES COURT  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

**Current Mailing Address:**

491 PINE NEEDLES COURT  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 20-4321238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLISON, MARK H  
491 PINE NEEDLES COURT  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** ALLISON, MARK H  
**Address:** 491 PINE NEEDLES COURT  
**City-St-Zip:** MELBOURNE, FL 32940 US

**Title:** D,VP  
**Name:** ALLISON, KELLY M  
**Address:** 491 PINE NEEDLES COURT  
**City-St-Zip:** MELBOURNE, FL 32940 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARK H ALLISON JR

DPST

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date