

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 019 ***558.75

DOCUMENT # P06000023922

1. Entity Name
ALLEGIANCE REAL ESTATE SERVICES, INC.



Principal Place of Business
**128 JOHN KING RD, SUITE #6
CRESTVIEW, FL 32539 US**

Mailing Address
**128 JOHN KING RD, SUITE #6
CRESTVIEW, FL 32539 US**

40108930



06162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4328712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCHMAN, SHEILA L
112 2ND ST.
NICEVILLE, FL 32578**

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
DUNNAM, JAMES R
4376 CYPRESS CIR
BESSEMER, AL 35022**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
FORD, DENISE B
113 PARK AVE
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DUNNAM, JAMES R
4376 CYPRESS CIR
BESSEMER, AL 35022**

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:

Denise B. Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/08

Date

850-423-7991

Daytime Phone #