

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-09-2007 90044 004 ***125.00
08-16-2007 90014 018 ****25.00

40129300



07062007 Chg-P CR2E034 (12/08)

DOCUMENT # P06000026012 1. Entity Name ALLEN FUEL SERVICES, INC.																								
Principal Place of Business 563 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 US		Mailing Address 563 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 US																						
2. Principal Place of Business - No P.O. Box # 563 ACE HIGH STABLES RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																						
City & State CRAWFORDVILLE, FLORIDA Zip 32327 Country USA		City & State FLORIDA Zip Country																						
4. FEI Number 204351092		Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WILLIAMS, NATHANIEL A JR 563 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 <i>RECEIVED THIS JULY 20, 07</i> <i>** CARD FIRST Rec'd 7/02/07</i>																						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 <i>Nathan Williams</i> DATE																						
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> P WILLIAMS, NATHANIEL A JR. 563 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NATHANIEL A JR. 563 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete																		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition													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.								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							

SIGNATURE

Nathan Williams