

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000026012

1. Entity Name
ALLEN FUEL SERVICES, INC.



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

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

40129333



07062007 Chg-P CR2E034 (12/08)

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		City & State FLORIDA	
Zip 32327	Country USA	Zip	Country
6. Name and Address of Current Registered Agent WILLIAMS, NATHANIEL A JR 563 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 ** WE RECEIVED THIS JULY 20, 2007 ** CARD FIRST Rec'd: 7/02/07		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 Nathaniel Williams FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	(NOTE: Registered Agent signature required when rendering) 7/02/07	
9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, NATHANIEL A JR. 563 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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.

SIGNATURE: X Nathaniel Williams