

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054253

Entity Name: ALLOCATION SERVICES, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

280 WEKIVA SPRINGS RD
LONGWOOD, FL 32779

New Principal Place of Business:

280 WEKIVA SPRINGS RD
SUITE 301
LONGWOOD, FL 32779

Current Mailing Address:

P.O.BOX 915619
LONGWOOD, FL 327915619

New Mailing Address:

280 WEKIVA SPRINGS RD
SUITE 301
LONGWOOD, FL 32779

FEI Number: 20-4724968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: MEIFERT, PATTY
Address: 280 WEKIVA SPRINGS ROAD, SUITE 301
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: DONEGAN, THOMAS M
Address: 3101 W. MLK, JR. BOUELVARD, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: GRAMMIG, LAUREL L
Address: 3101 W. MLK, JR. BOUELVARD, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: FAILLA, JOSEPH
Address: 220 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BROWN, J. POWELL
Address: 220 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V () Delete
Name: WALKER, CORY T
Address: 220 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DONEGAN, THOMAS M JR
Address: 3101 W. MLK, JR. BOUELVARD, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: SV (X) Change () Addition
Name: GRAMMIG, LAUREL L
Address: 3101 W. MLK, JR. BOUELVARD, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAUREL L. GRAMMIG

S

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date