

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054253

FILED
Apr 25, 2012
Secretary of State

Entity Name: ALLOCATION SERVICES, INC.

Current Principal Place of Business:

280 WEKIVA SPRINGS ROAD
SUITE 3000
LONGWOOD, FL 32779

New Principal Place of Business:

280 WEKIVA SPRINGS ROAD
SUITE 3050
LONGWOOD, FL 32779

Current Mailing Address:

280 WEKIVA SPRINGS ROAD
SUITE 3000
LONGWOOD, FL 32779

New Mailing Address:

280 WEKIVA SPRINGS ROAD
SUITE 3050
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P
Name: LOZZAPINA, TRACEY
Address: 280 WEKIVA SPRINGS ROAD, SUITE 3050
City-St-Zip: LONGWOOD, FL 32779

Title: VS
Name: GRAMMIG, LAUREL L
Address: 3101 W DR MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: T
Name: SOTHEN, RICHARD M
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DV
Name: BOONE, JR., SAM R
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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

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: LAUREL L GRAMMIG

VS

04/25/2012

Electronic Signature of Signing Officer or Director

Date