


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P37103	
1. Entity Name ALLEN INDUSTRIES OF NORTH CAROLINA, INC.	

Principal Place of Business 11351 49TH STREET NORTH CLEARWATER, FL 33762 US	Mailing Address 11351 49TH STREET NORTH CLEARWATER, FL 33762 US
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALLEN, DAVID W 11351 49TH ST., NORTH CLEARWATER, FL 34622	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALLEN, THOMAS L. 6434 BURNT POPLAR RD. GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTVP ALLEN, JOHN H. 6434 BURNT POPLAR RD GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, JAMES C. 6434 BURNT POPLAR RD. GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP ALLEN, DAVID WAYNE 11351 49TH ST NO CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, BETTY B. 6434 BURNT POPLAR RD. GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000187195
01/24/05-80003-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered
SIGNATURE: <u>John Allen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>1/17/05</u> Daytime Phone # <u>336-294-4777</u> <u>24,3200</u>