

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37103

FILED
Mar 19, 2008
Secretary of State

Entity Name: ALLEN INDUSTRIES OF NORTH CAROLINA, INC.

Current Principal Place of Business:

11351 49TH STREET NORTH
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

11351 49TH STREET NORTH
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 56-0486250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, DAVID W
11351 49TH ST., NORTH
CLEARWATER, FL 34622 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: DP () Delete
Name: ALLEN, THOMAS L.,
Address: 6434 BURNT POPLAR RD.
City-St-Zip: GREENSBORO, NC 27409

Title: DTVP () Delete
Name: ALLEN, JOHN H.,
Address: 6434 BURNT POPLAR RD
City-St-Zip: GREENSBORO, NC 27409

Title: DTVP () Delete
Name: ALLEN, DAVID WAYNE,
Address: 11351 49TH ST NO
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: ALLEN, BETTY B.,
Address: 6434 BURNT POPLAR RD.
City-St-Zip: GREENSBORO, NC 27409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN H. ALLEN

VP

03/19/2008

Electronic Signature of Signing Officer or Director

Date