

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90106 042 ***150.00

DOCUMENT # P93000035195

1. Entity Name

PHIL ALLEN, INC.



Principal Place of Business

RT 15 BOX 3117
LAKE CITY FL 32024
US

Mailing Address

RT 15 BOX 3117
LAKE CITY FL 32024
US

50028759



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

482 SW Gertrudis Dr
Lake City

3. Mailing Address

482 SW Gertrudis Dr
Lake City, FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32024

Country

Zip

32024

Country

4. FEI Number

59-3191623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, WILLARD E
2365 EMMA STREET
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

195 SE Emma Place

City

FL

Zip Code

32025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ALLEN, PHILLIP W
STREET ADDRESS RT 15 BOX 3117
CITY-ST-ZIP LAKE CITY FL

TITLE VPSPD ☐ Delete
NAME ALLEN, KIM
STREET ADDRESS RT 15 BOX 3117
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 482 SW Gertrudis Dr
CITY-ST-ZIP Lake City, FL 32024

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 482 SW Gertrudis Dr.
CITY-ST-ZIP Lake City, FL 32024

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Willard E. Allen V.P. Willard Allen

Date

3/15/05 386/152-389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #