

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90338 019 ***150.00

DOCUMENT # P93000043856

1. Entity Name
DONALD L. ALLEN GENERAL CONTRACTOR, INC.



Principal Place of Business
**3323 NORTH KEY DR
UNIT 9
N FORT MYERS, FL 33903**

Mailing Address
**3323 NORTH KEY DR
UNIT 9
N FORT MYERS, FL 33903**



2. Principal Place of Business
**3323 NORTH KEY DR
Suite, Apt. #, etc.
UNIT 6**

3. Mailing Address
**3323 NORTH KEY DR
Suite, Apt. #, etc.
UNIT 6**

04122006 Chg-P CR2E034 (11/05)

City & State
N FT MYERS FL
Zip
33903

City & State
N FT MYERS FL
Zip
33903

4. FEI Number
65-0415873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**HAMOR, MARK J
9091 ALENA CRT
N FT MYERS, FL 33903**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, DONALD L	
STREET ADDRESS	3115 WEARS DRIVE	
CITY-ST-ZIP	SEUIERVILLE, TN 37862	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES R	
STREET ADDRESS	1241 BARRET ROAD, #808	
CITY-ST-ZIP	FT. MYERS, FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMOR, MARK	
STREET ADDRESS	9091 ALENA CRT	
CITY-ST-ZIP	N FT MYERS, FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK J HAMOR

4-14-06 239 977 4200

Date

Daytime Phone #