

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000058786**

1. Entity Name

ALLEN'S REPAIR SERVICE, INC.



Principal Place of Business

3500 ORTONA LOCK RD  
MOORE HAVEN, FL 33471 US

Mailing Address

3500 ORTONA LOCK RD  
MOORE HAVEN, FL 33471 US



01212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0425664

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DOUGLAS L  
3500 ORTONA LOCKS RD  
MOORE HAVEN, FL 33471

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000689467  
04/11/07-80035-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ALLEN, DOUGLAS L
STREET ADDRESS	3500 ORTONA LOCKS RD
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	P
NAME	ALLEN, JENNESS
STREET ADDRESS	3500 ORTONA LOCKS RD
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	SEC
NAME	ALLEN, JENNESS
STREET ADDRESS	3500 ORTONA LOCKS ROAD
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	TREA
NAME	ALLEN, DOUGLAS L
STREET ADDRESS	3500 ORTONA LOCKS ROAD
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #