## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 19, 2007 8:00 am DOCUMENT # P95000011554 **Secretary of State** 1. Entity Name 03-19-2007 90064 005 \*\*\*150.00 CECIL ALLEN CONSTRUCTION, INC. Principal Place of Business Mailing Address 18 COLLEGE ST. EATONVILLE FL 32751 18 COLLEGE ST. MAITLAND FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 59-3294376 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TUTLE TITLE Delete Change ☐ Addition ALLEN, CECIL B NAMI 15 COLLEGE STREET, SUITE D STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-SI-ZIP TITLE TIFLE ☐ Delete ☐ Addition ■ Change ALLEN, RITA NAME 1111 AUDUBON WAY STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CHY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Y P. Addition ☐ Change JANA. NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 275 CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIE CITY - ST - 7IP MILE ☐ Delete IIILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - S1-ZIP HILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-ST-7E CITY - ST - ZIE 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/7/07
Dete Devine Phone

FILED