


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000054427**  
 1. Entity Name  
**ALLISON DEVELOPMENT INC.**



Principal Place of Business  
**10611 SALTZMAN TERRACE  
 JACKSONVILLE, FL 32225**

Mailing Address  
**10611 SALTZMAN TERRACE  
 JACKSONVILLE, FL 32225**

**DO NOT WRITE IN THIS SPACE**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3323697** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALLISON, VIRGIL L  
 10611 SALTZMAN TERRACE  
 JACKSONVILLE, FL 32225**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

100000099641  
 03/31/04-80013-023 150.00

10. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | D                      |
| NAME            | ALLISON, VIRGIL L.     |
| STREET ADDRESS  | 10611 SALTZMAN TERRACE |
| CITY - ST - ZIP | JACKSONVILLE, FL 32225 |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

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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:**  **Sandy Allison** **3/29/04** **9046421088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #