

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90026 039 \*\*\*150.00

**DOCUMENT # P97000004599**



1. Entity Name  
**ALLEN & ASSOCIATES CONTRACTORS SUPPLY, INC.**

Principal Place of Business 69 COLLEGE DRIVE BLDG. 5 ORANGE PARK, FL 32065	Mailing Address 69 COLLEGE DRIVE BLDG. 5 ORANGE PARK, FL 32065
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**50056512**



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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07092005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 59-3419191	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DORRELL, JEFF W**  
**69 COLLEGE DRIVE**  
**BLDG. 5**  
**ORANGE PARK, FL 32065**

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

~~FILE NOW!!! FEE IS \$550.00~~  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DORRELL, JEFF W</b> <b>69 COLLEGE DRIVE , BLDG. 5</b> <b>ORANGE PARK, FL 32065</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowerments.

**SIGNATURE:** *Jeff W. Dorrell* **JEFF W. Dorrell** **7-18-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT 50056572  
Division of Corporations

# 2005 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P97000004599
Business Entity Name	ALLEN & ASSOCIATES CONTRACTORS SUPPLY, INC.
Original File Date	01/15/1997

FEI Number 59-3419191

Principal Address 69 COLLEGE DRIVE  
BLDG. 5  
ORANGE PARK, FL 32065

Mailing Address 69 COLLEGE DRIVE  
BLDG. 5  
ORANGE PARK, FL 32065

Registered Agent JEFF W DORRELL  
69 COLLEGE DRIVE  
BLDG. 5  
ORANGE PARK, FL 32065

### Officer/Director Name And Address

D  
JEFF W DORRELL  
69 COLLEGE DRIVE , BLDG. 5  
ORANGE PARK, FL 32065

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior

**ATTACHMENT**  
notice. Please check this box if notice was not received.

097000004599  
50056572

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

**Sunbiz Home Page**

**Public Access Help**

*My Accountant did not get the notice to me either*

*Jeff W. Randall*