2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# P97000035441

Entity Name: ALLEN ENTERPRISES OF JACKSONVILLE, INC.

Current Principal Place of Business:

132 WILLIAM BARTRAM DR.
WELAKA, FL 32193

New Principal Place of Business:

Current Mailing Address:

PO BOX 1093
WELAKA, FL 32193

New Mailing Address:

FEI Number: 59-3441945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEAD, KOKO
9309 OLD KINGS RD S
STE 4
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P ( ) Delete
Name:	ALLEN, SHARON B.
Address:	132 WILLIAM BARTRAM DR
City-St-Zip:	WELAKA, FL 32193

Title:	VP ( ) Delete
Name:	ALLEN, HENRY
Address:	132 WILLIAM BARTRAM DR
City-St-Zip:	WELAKA, FL 32193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY L. ALLEN VP 02/14/2005
Electronic Signature of Signing Officer or Director Date