

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90014 006 \*\*\*150.00

**DOCUMENT # P98000016104**

1. Entity Name  
**ALLEN BLAKE CORPORATION**



Principal Place of Business  
**4610 BAYVIEW DR.  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**P.O. BOX 39121  
FORT LAUDERDALE, FL 33339 US**

2. Principal Place of Business  
**929 N.E. 18<sup>TH</sup> CT**

3. Mailing Address  
**P.O. BOX 23206**

Suite, Apt. #, etc.  
**Suite #102**

City & State  
**FT LAUDERDALE, FL**

City & State  
**FT LAUDERDALE, FL**

Zip  
**33305**

Country  
**BAHAMAS**

Zip  
**33307**

Country  
**BAHAMAS**

01072005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0822443**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER & O'NEILL, P.L.  
2300 GLADES RD.  
SUITE 400 EAST  
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SYRCLE, TERRY B	
STREET ADDRESS	4610 BAYVIEW DR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOEBER, STEPHEN D	
STREET ADDRESS	405 N. OCEAN BLVD. #1126	
CITY-ST-ZIP	POMPAHO BEACH, FL 33062	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERRY, NICHOLAS D	
STREET ADDRESS	1901 CORAL GARDENS DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>929 NE 18<sup>TH</sup> CT #102</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33305</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>929 NE 18<sup>TH</sup> CT #101</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33305</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** **TERRY B. SYRCLE** **1/11/2005** **954-806-9817**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #