

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90058 004 \*\*\*150.00

**DOCUMENT # P98000035007**

1. Entity Name  
**ALLARD INVESTMENT REALTY, INC.**



Principal Place of Business  
**695 CENTRAL AVE., STE. #207  
ST. PETERSBURG, FL 33701**

Mailing Address  
**695 CENTRAL AVE., STE. #207  
ST. PETERSBURG, FL 33701**

400000



2. Principal Place of Business No P.O. Box #  
**4773 58TH AVE N**

3. Mailing Address  
**4773 58TH AVE N**

Suite, Apt. #, etc.  
**STE D**

Suite, Apt. #, etc.  
**STE D**

01072008 Chg-P CR2E034 (12/06)

City & State  
**ST PETERSBURG FL**

City & State  
**ST. PETERSBURG, FL**

4. FEI Number  
**59-3503741**

Applied For  
Not Applicable

Zip Country  
**33714 FLORIDA**

Zip Country  
**33714 FLORIDA**

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

## 6. Name and Address of Current Registered Agent

**ERIK ALLARD**  
~~695 CENTRAL AVE., STE. #207~~  
**ST. PETERSBURG, FL 33701**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4773 58TH AVE N**  
**STE D**  
City State Zip Code  
**ST PETERSBURG FL 33714**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME **ALLARD, ERIK W**  
STREET ADDRESS ~~695 CENTRAL AVE SUITE 207~~  
CITY-ST-ZIP **ST. PETERSBURG, FL 337013662**

TITLE S ☐ Delete  
NAME **ALLARD, WILLIAM E**  
STREET ADDRESS ~~695 CENTRAL AVE SUITE 207~~  
CITY-ST-ZIP **SAINT PETERSBURG, FL 337013662**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME **4773 58TH AVE N STE D**  
STREET ADDRESS  
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE ☐ Change ☐ Addition  
NAME **4773 58TH AVE N STE D**  
STREET ADDRESS  
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

**ERIK ALLARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/08 727-894-1202**  
Date Daytime Phone #