2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000089040

Entity Name
 ALLIED FINANCIAL CORPORATION



FILED Mar 31, 2005 8:00 am Secretary of State 03-31-2005 90052 039 ***150.00

Principal Place of Business 2888 REMINGTON GREEN LANE STE. C TALLAHASSEE, FL 32308		Mailing Address 2888 REMINGTON GREEN LANE STE. C TALLAHASSEE, FL 32308) 		* :? 		[68 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282005	Chg-P	CR2E	034 (10/03)	
City & State		City & State			4. FEI Numb 59-354				oplied For ot Applicable
Zìp	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New	Registered	Agent	- · · <u>-</u> · · -
CHEEFIELD EDANIZE			Name						
SHEFFIELD, FRANK E 906 THOMASVILLE ROAD TALLAHASSEE, FL 32303		Street Addre		ddress (i	P.O. Box Numb	er is Not Acceptat	ole)		
			City			-	FL	Zip Cod	le
	named entity submits this statement f	or the purpose of changing its r	egistered office o	r register	ed agent, or bo	th, in the State of I	Florida. I am	familiar with,	and accept
0.00.47.100									
SIGNATURE.	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE		
	• • • • • • • • • • • • • • • • • • • •								
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaig Trust Fund Contri		\$5. Add	00 May Be ed to Fees				
		• Trust Fund Contri		\$5. Add	ed to Fees	/CHANGES TO O	FFICERS AN	D DIRECTOR	S IN 11
After M: 10.	officers and	• Trust Fund Contri	11.	Add	ADDITIONS	_	FFICERS AN	D DIRECTOR Change	S IN 11
After M: 10. TITLE NAME	OFFICERS AND V NOLES, RICHARD S	Trust Fund Contri	11. TITLE NAME	V Noi e 1	ADDITIONS	-d S		Change	Addition
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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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR