

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000036043

1. Entity Name
BARBARA ALLEN, INC.



Principal Place of Business
2625 TERRA CEIA BAY BLVD
#804
PALMETTO, FL 34221

Mailing Address
2625 TERRA CEIA BAY BLVD
#804
PALMETTO, FL 34221



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3587572

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLEN, BARBARA
2625 TERRA CEIA BAY BLVD
#804
PALMETTO, FL 34221

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NAME ALLEN, BARBARA
STREET ADDRESS 2625 TERRA CEIA BAY BLVD #804
CITY - ST - ZIP PALMETTO, FL 34221

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04/20/04-80020-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Allen BARBARA ALLEN

4-15-04

(941) 721-6180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #