


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000090119 1. Entity Name ALLIED/CENTERVILLE, INC.			
Principal Place of Business C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462		Mailing Address C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-2501105		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D E. SCOTT URDANG C/O 630 W. GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	TITLE	U00000308408 04/15/05-80094-014 150.00
NAME	Delete	NAME	Change Addition
STREET ADDRESS	Delete	STREET ADDRESS	Change Addition
CITY-ST-ZIP	Delete	CITY-ST-ZIP	Change Addition
TITLE	VS BLUM, DAVID C/O 630 W. GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	TITLE	Change Addition
NAME	Delete	NAME	Change Addition
STREET ADDRESS	Delete	STREET ADDRESS	Change Addition
CITY-ST-ZIP	Delete	CITY-ST-ZIP	Change Addition
TITLE	V SANFILIPPO, VINCENT C/O 630 W. GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	TITLE	Change Addition
NAME	Delete	NAME	Change Addition
STREET ADDRESS	Delete	STREET ADDRESS	Change Addition
CITY-ST-ZIP	Delete	CITY-ST-ZIP	Change Addition
TITLE	TC FERST, RICHARD C/O 630 W. GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	TITLE	Change Addition
NAME	Delete	NAME	Change Addition
STREET ADDRESS	Delete	STREET ADDRESS	Change Addition
CITY-ST-ZIP	Delete	CITY-ST-ZIP	Change Addition
TITLE	V GRECO, MARK B C/O 630 W. GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	TITLE	Change Addition
NAME	Delete	NAME	Change Addition
STREET ADDRESS	Delete	STREET ADDRESS	Change Addition
CITY-ST-ZIP	Delete	CITY-ST-ZIP	Change Addition
TITLE	S GRESHAM, MELISSA C/O 630 W. GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	TITLE	Change Addition
NAME	Delete	NAME	Change Addition
STREET ADDRESS	Delete	STREET ADDRESS	Change Addition
CITY-ST-ZIP	Delete	CITY-ST-ZIP	Change Addition
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: <i>David S. Blum</i>		David Blum 4-6-05 610-834-9500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	