

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # V51330

1. Entity Name

ROBERT A. ALLEN, INC.



Principal Place of Business

ROBERT A ALLEN INC
6200 FLOTILLA DR APT 304
HOLMES BEACH FL 34217
US

Mailing Address

ROBERT A. ALLEN INC.
6200 FLOTILLA DRIVE STE 304
HOLMES BEACH FL 34217
US



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0355988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, ROBERT A.
6200 FLOTILLA DR.
APT. 304
HOLMES BEACH FL 34217

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ALLEN, ROBERT A.
STREET ADDRESS 6200 FLOTILLA DR. APT 304
CITY-ST-ZIP HOLMES BEACH FL

TITLE ST ☐ Delete
NAME ALLEN, CAROLINE E.
STREET ADDRESS 6200 FLOTILLA DR. APT 304
CITY-ST-ZIP HOLMES BEACH FL

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
STREET ADDRESS
CITY-ST-ZIP
U00000079403
03/08/04-80065-005 150.00

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

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

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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 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:

Robert A. Allen President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04 941 778 3614

Date

Daytime Phone #