

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 355533

FILED
Apr 01, 2009
Secretary of State

Entity Name: ALLSTATE GAS COMPANY OF FLORIDA INC

Current Principal Place of Business:

3928 BROOKDALE CT
JACKSONVILLE, FL 322771317 US

New Principal Place of Business:

Current Mailing Address:

3928 BROOKDALE CT
JACKSONVILLE, FL 322771317 US

New Mailing Address:

FEI Number: 59-1280843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LINDA M
3928 BROOKDALE CT
JACKSONVILLE, FL 322771317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, LINDA M
Address: 3928 BROOKDALE CT
City-St-Zip: JACKSONVILLE, FL 322771317

Title: TD () Delete
Name: LENZ, DEBORAH M.
Address: 8231 E. MALCOMB DRIVE
City-St-Zip: SCOTTSDALE, AZ 852505627

Title: SD () Delete
Name: SMITH, RICHARD W
Address: 3928 BROOKDALE CT
City-St-Zip: JACKSONVILLE, FL 322771317

Title: VD () Delete
Name: BLAU, DIANNA M
Address: 3928 BROOKDALE COURT
City-St-Zip: JACKSONVILLE, FL 322771317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLAU, DIANNA M
Address: 20 GROVE PARK PLACE NW
City-St-Zip: ATLANTA, GA 303185053

Title: D () Change (X) Addition
Name: BLAU, DOUGLAS E
Address: 14735 VIA TIVOLI COURT
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD W. SMITH

SD

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date