

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90035 033 ***150.00

DOCUMENT # K42367
 1. Entity Name
ALLSTATE PACKAGING PRODUCTS, INC.



Principal Place of Business
**2548 30TH AVENUE NORTH
 101 E KENNEDY BLVD #2500
 ST. PETERSBURG FL 33713
 US**

Mailing Address
**P.O. BOX 60425
 101 E KENNEDY BLVD #2500
 ST. PETERSBURG FL 33784-0425
 US**

2. Principal Place of Business
3131 Morris St

3. Mailing Address
 Suite, Apt. #, etc.
101 E Kennedy Blvd #2500

City & State
St Petersburg FLA

City & State
 City & State

Zip
33713

Country
FLORIDA



DEPARTMENT OF STATE
 MOORE CR2E034 (10/04)

4. FEI Number
59-2920747

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RENNER, DARRELL A
 2548 30TH AVE NORTH
 ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3131 MORRIS ST

City *St Petersburg* FL Zip Code *33713*

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> Delete
NAME	RENNER, KAREN J	
STREET ADDRESS	2548 30TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	RENNER, DARRELL A.	
STREET ADDRESS	2548 30TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3131 MORRIS ST</i>	
CITY-ST-ZIP	<i>ST PETERSBURG FLA 33713</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3131 MORRIS ST</i>	
CITY-ST-ZIP	<i>ST PETERSBURG FLA 33713</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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: *Darrell A Renner* **3-7-05** **927-895-7676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #