

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**



MOORE CR2E034 (11/03)

<b>DOCUMENT # P97000059511</b>				<b>1. Entity Name</b>		ALLSTATE OF CENTRAL FLORIDA, INCORPORATED	
<b>Principal Place of Business</b>				<b>Mailing Address</b>			
7600 LAKE UNDERHILL RD. ORLANDO FL 32822				7600 LAKE UNDERHILL RD. ORLANDO FL 32822			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>4. FEI Number</b> 59-3463473				Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
HALL, DAVID E 7600 LAKE UNDERHILL RD. ORLANDO FL 32822				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	
<b>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.</b>							
SIGNATURE _____							
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	P	NAME	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		HALL, DAVID E		NAME			
STREET ADDRESS		7600 LAKE UNDERHILL RD.		STREET ADDRESS			
CITY - ST - ZIP		ORLANDO FL 32822		CITY - ST - ZIP			
TITLE		NAME	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		STREET ADDRESS		NAME			
STREET ADDRESS		CITY - ST - ZIP		STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		NAME	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		STREET ADDRESS		NAME			
STREET ADDRESS		CITY - ST - ZIP		STREET ADDRESS			
CITY - ST - ZIP				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)(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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 26, 2004 407-207-2300  
Daytime Phone #