

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 205943

1. Entity Name

ALLSTATE GENERAL SERVICES, INCORPORATED



Principal Place of Business

269 CROOKED TREE TRAIL
DELAND, FL 32724 US

Mailing Address

269 CROOKED TREE TRAIL
DELAND, FL 32724 US



01232006 No Chg-P CRZE034 (11/05)

4. FEI Number

59-0816596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

PAGE, JOSEPH C. JR
269 CROOKED TREE TRAIL
DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000482926
04/11/06-80096-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAGE, JOSEPH C. JR
STREET ADDRESS	269 CROOKED TREE TRAIL
CITY-ST-ZIP	DELAND, FL
TITLE	STD
NAME	PAGE, SHIRLEY J.
STREET ADDRESS	269 CROOKED TREE TRAIL
CITY-ST-ZIP	DELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joseph C. Page Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(386) 734-3561

On's

Daytime Phone #