


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90297 012 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 355533</b>                                     |  |
| 1. Entity Name<br><b>ALLSTATE GAS COMPANY OF FLORIDA INC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>6000 NE 19 AVE<br/>FORT LAUDERDALE FL 33308-2121<br/>US</b> | Mailing Address<br><b>6000 NE 19 AVE<br/>FORT LAUDERDALE FL 33308-2121<br/>US</b> |
|---|---|

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|--|--|
| 2. Principal Place of Business<br><b>3928 BROOKDALE CT</b> | 3. Mailing Address<br><b>3928 BROOKDALE CT</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|   |   |
|---|---|
| City & State<br><b>JACKSONVILLE, FL</b> | City & State<br><b>JACKSONVILLE, FL</b> |
| Zip<br><b>32277-1317</b>                | Country<br><b>US</b>                    |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1280843</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SMITH, LINDA M<br/>6000 NE 19 AVENUE<br/>FORT LAUDERDALE FL 33308-2121</b> |  |
|--|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3928 BROOKDALE COURT</b><br>City<br><b>JACKSONVILLE</b> FL Zip Code<br><b>32277-1317</b> |  |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SMITH, LINDA M<br>6000 NE 19 AVENUE<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3928 BROOKDALE COURT<br>JACKSONVILLE FL 32277-1317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LENZ, DEBORAH M.<br>2712 PHEASANT DR<br>LONGMONT CO 80503 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8231 E. MALCOMB DRIVE<br>SCOTTSDALE, AZ 85250-5627 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SMITH, RICHARD W<br>6000 NE 19 AVE<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3928 BROOKDALE COURT<br>JACKSONVILLE FL 32277-1317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BLAU, DIANNA M<br>2712 PHEASANT DR<br>LONGMONT CO 80503 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8231 E. MALCOMB DRIVE<br>SCOTTSDALE, AZ 85250-5627 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** Linda M Smith **LINDA M. SMITH** 3-17-04 904-743-8195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #