

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 540901

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: ALLSTATE PAINTING OF DEERFIELD, INC.

**Current Principal Place of Business:**

390 N FEDERAL HWY #505  
DEERFIELD BCH FL, 33441

**New Principal Place of Business:**

10870 GANTRY STREET  
BOCA RATON, FL 33428

**Current Mailing Address:**

10870 GANTRY STREET  
BOCA RATON, FL 33428 US

**New Mailing Address:**

FEI Number: 59-1753333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, ROBERT N.  
10870 GANTRY STREET  
BOCA RATON, FL 33428 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: TD ( ) Delete  
Name: BROWN, ARDIS F,  
Address: 390 N FEDERAL HWY #505  
City-St-Zip: DEERFIELD BCH, FL 00000,

Title: SD ( ) Delete  
Name: BROWN, BARRY H,  
Address: 10870 GANTRY ST  
City-St-Zip: BOCA RATON, FL 00000,

Title: PD ( ) Delete  
Name: BROWN, ROBERT N,  
Address: 10870 GANTRY ST  
City-St-Zip: BOCA RATON, FL 00000,

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT N. BROWN

PD

04/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date