

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 034 ***150.00

DOCUMENT # F04000005560

1. Entity Name
ALLSTATE CONSTRUCTION ROOFING, INC.



Principal Place of Business
**3340 N US HWY 1
FORT PIERCE, FL 34946**

Mailing Address
**3340 N US HWY 1
FORT PIERCE, FL 34946**

50006768



2. Principal Place of Business

3. Mailing Address
c/o Robert G. Stapleton CPA

Suite, Apt. #, etc.

Suite, Apt. #, etc.
7056 W. 171st Street

02242006

Chg-P

CR2E034 (11/05)

City & State

City & State
Tinley Park, IL

4. FEI Number
31-1738823

Applied For
Not Applicable

Zip

Country

Zip
60477

Country
Cook

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANTULURI, SRINIVAS R
111 SE FIRST AVENUE
GAINESVILLE, FL 32601**

Name
James Champlin

Street Address (P.O. Box Number is Not Acceptable)
3340 N. US Hwy 1

Fort Pierce

City

FL

Zip Code
34946

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

James Champlin

James Champlin, Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
DARREL CHAMPLIN, JAMES II
3340 N US HWY 1
FORT PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STEVEN MANNINO, JOSEPH
3340 N US HWY 1
FORT PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROSE CHAMPLIN, PATRICIA
3340 N US HWY 1
FORT PIERCE, FL 34946 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

James Champlin

James Champlin, President

772-460-0818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #