

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J76071

**FILED**  
**Sep 21, 2005**  
**Secretary of State**

**Entity Name:** ALLSTATE BUSINESS SERVICES, INC.

**Current Principal Place of Business:**

4499 TWIN OAKS DRIVE  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

4499 TWIN OAKS DRIVE  
PENSACOLA, FL 32506 US

**New Mailing Address:**

**FEI Number:** 59-2850072      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, FRED S.  
8880 SCENIC HILLS DR  
PENSACOLA, FL 32514 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: JOHNSON, FRED S.,  
Address: 8880 SCENIC HILLS DR  
City-St-Zip: PENSACOLA, FL 32514

Title: DST ( ) Delete  
Name: HUGHES, TIMOTHY P.,  
Address: 5340 BRIGHT MEADOWS  
City-St-Zip: PACE, FL 32571

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: JOHNSON, FRED S.,  
Address: 8880 SCENIC HILLS DR  
City-St-Zip: PENSACOLA, FL 32514

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: FRED S. JOHNSON

DP

09/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date