


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # J76071
 1. Entity Name
ALLSTATE BUSINESS SERVICES, INC.



Principal Place of Business Mailing Address
4499 TWIN OAKS DRIVE **4499 TWIN OAKS DRIVE**
PENSACOLA, FL 32506 US **PENSACOLA, FL 32506 US**

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2850072 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, FRED S. 8880 SCENIC HILLS DR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, FRED S. 8880 SCENIC HILLS DR PENSACOLA, FL 32514
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06/02/08-80048-014 150.00

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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: *Fred S. Johnson* **Fred S. Johnson** 4/30/08 (850) 455 4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #