


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90035 033 ***150.00

DOCUMENT # K42367	
1. Entity Name ALLSTATE PACKAGING PRODUCTS, INC.	

Principal Place of Business 2548 30TH AVENUE NORTH 101 E KENNEDY BLVD #2500 ST. PETERSBURG FL 33713 US	Mailing Address P.O. BOX 60425 101 E KENNEDY BLVD #2500 ST. PETERSBURG FL 33784-0425 US
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2. Principal Place of Business 3131 MORRIS ST Suite, Apt. #, etc. 101 E Kennedy Blvd #2500 City & State ST PETERSBURG FLA Zip 33713 Country FLORIDA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DEPARTMENT OF REVENUE
MOORE CR2E034 (10/04)



6. Name and Address of Current Registered Agent RENNER, DARRELL A 2548 30TH AVE NORTH ST PETERSBURG FL 33713	
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4. FEI Number 59-2920747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 3131 MORRIS ST	
City ST PETERSBURG	FL Zip Code 33713

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 _____ 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT RENNER, KAREN J 2548 30TH AVENUE NORTH ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS RENNER, DARRELL A. 2548 30TH AVENUE NORTH ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3131 MORRIS ST ST PETERSBURG FLA 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3131 MORRIS ST ST PETERSBURG FLA 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: Darrell A. Renner **3-7-05** **927-895-7676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #