



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90002 047 \*\*\*150.00

<b>DOCUMENT # K42367</b> 1. Entity Name <b>ALLSTATE PACKAGING PRODUCTS, INC.</b>					
Principal Place of Business <b>3131 MORRIS ST 101 E KENNEDY BLVD #2500 ST. PETERSBURG, FL 33713 US</b>			Mailing Address <b>P.O. BOX 60425 101 E KENNEDY BLVD #2500 ST. PETERSBURG, FL 33784-0425 US</b>		
2. Principal Place of Business <b>19750 Bexley Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>19750 Bexley Rd</b> Suite, Apt. #, etc.			
City & State <b>Land O Lakes, FL</b>		City & State <b>Land O Lakes, FL</b>		4. FEI Number <b>59-2920147</b>	
Zip <b>34638</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RENNER, DARRELL A 3131 MORRIS ST ST PETERSBURG, FL 33713</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>19750 Bexley Rd</b> City <b>Land O Lakes</b> <b>FL</b> Zip Code <b>34638</b>	
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: <u><i>Darrell A Renner</i></u> <span style="float: right;">3-20-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <b>RENNER, KAREN J</b> <b>3131 MORRIS ST</b> <b>SAINT PETERSBURG, FL 33713</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <b>19750 Bexley Rd.</b> <b>Land O Lakes, FL 34638</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <b>RENNER, DARRELL A.</b> <b>3131 MORRIS ST</b> <b>SAINT PETERSBURG, FL 33713</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <b>19750 Bexley Rd</b> <b>Land O Lakes, FL 34638</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <u><i>Darrell A Renner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-20-06 813-929-8834 <small>Date Daytime Phone #</small>		