

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000086606  
 1. Entity Name  
 ALLSTATE ELECTRICAL SERVICES, INC.



Principal Place of Business 4103 SE 61 PLACE OCALA, FL 34480	Mailing Address 4103 SE 61 PLACE OCALA, FL 34480
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3746647	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HUGHEY, JUANITA HOYT  
 4103 SE 61 PLACE  
 OCALA, FL 34480

**DO NOT WRITE IN THIS SPACE**

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**

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	D HUGHEY, ROBERT R 4103 SE 61 PLACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUGHEY, JUANITA HOYT 4103 SE 61 PLACE OCALA, FL 34480
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01/28/05-20017-012 158.175

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Hughey **ROBERT HUGHEY** 1-25-05 352-424-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #