2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000086606 ALLSTATE ELECTRICAL SERVICES, INC. Principal Place of Business Mailing Address 4103 SE 61 PLACE P.O. BOX 830818



\$8.75 Additional



01182008 DO NOT WRITE IN THIS SPACE 4. FEI Number

OCALA, FL 34483

No Chg-P CR2E034 (11/05) Applied For 59-3746647 Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HUGHEY, JUANITA HOYT 4103 SE 61 PLACE OCALA, FL 34480

SIGNATURE:

OCALA, FL 34480

DO NOT WRITE IN THIS SPACE

2-5-08

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm production required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			~ ~	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			L
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			•··•·	900000820310
TITLE				92	2/18/08-80023-017 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR