

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112502

Entity Name: ALLSTATE ALUMINUM PRODUCTS, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

4940 UMBER WAY N
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4940 UMBER WAY N
TAMPA, FL 33624

New Mailing Address:

4654 PINE ISLAND ROAD NW
MATLACHA, FL 33993

FEI Number: 59-3759367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURSEY, DONALD
4940 UMBER WAY N
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

HURSEY, DONALD
2608 W. AZEELE STREET
TAMPA, FL 33609 US

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.

SIGNATURE: DONALD HURSEY

01/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUCHAINE, EDWARD
Address: 4940 UMBER WAY N
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: DUCHAINE, ELIZABETH
Address: 4940 UMBER WAY N
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH DUCHAINE

D

01/28/2005

Electronic Signature of Signing Officer or Director

Date