

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000112502

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ALLSTATE ALUMINUM PRODUCTS, INC.

**Current Principal Place of Business:**

3685 SNOWBIRD LN  
ST.JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 454  
ST, JAMES CITY, FL 33956

**New Mailing Address:**

**FEI Number:** 59-3759367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUCHAIINE, ELIZABETH  
3685 SNOWBIRD LN  
ST.JAMES CITY,FL, FL 33956 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DUCHAINE, EDWARD  
Address: 3685 SNOWBIRD LN  
City-St-Zip: ST.JAMES CITY, FL 33956

Title: TREA  
Name: DUCHAINE, ELIZABETH  
Address: 3685 SNOWBIRD LN  
City-St-Zip: ST.JAMES CITY, FL 33956

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH DUCHAINE

TREA

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date