

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90023 001 ***150.00

DOCUMENT # P02000092042

1. Entity Name

ALLSTATE MORTGAGE LOANS & INVESTMENTS, INC.



Principal Place of Business

809 NE 25TH AV
OCALA FL 34470

Mailing Address

809 NE 25TH AV
OCALA FL 34470

94020430

2. Principal Place of Business

809 NE 25th Ave
Suite, Apt. #, etc.

3. Mailing Address

809 NE 25th Ave
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

03-0479422

Applied For

Not Applicable

Zip

34470

Country

US

Zip

34470

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Spelling
TABACCI, MATTHEW
313 SE 52ND CT.
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Matthew Tabacchi

Street Address (P.O. Box Number is Not Acceptable)

809 NE 25th Ave

City

Ocala

FL

Zip Code

34470

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]

(NOTE: Registered Agent signature required when reinstating)

2/17/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TABACCI, MATTHEW
STREET ADDRESS 313 SE 52ND CT.
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE O ☒ Change ☐ Addition
NAME Tabacchi, Matthew
STREET ADDRESS 809 NE 25th Ave
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

Daytime Phone #

(352) 351-0200