

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081691

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** ALLSTATE MORTGAGE AND ASSOCIATES CORP.

**Current Principal Place of Business:**

175 5TH ST. NW.  
SUITE 203  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

106 SECURITY SQUARE  
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

175 5TH ST. NW.  
SUITE 203  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

106 SECURITY SQUARE  
WINTER HAVEN, FL 33880 US

**FEI Number:** 20-0157559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORTON, AMANDA K  
235 6TH ST. NW  
301  
WINTER HAVEN, FL 33881 US

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

HORTON, AMANDA K  
905 HOWARD TERRACE NW  
WINTER HAVEN, FL 33881 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:**

02/16/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** HORTON, AMANDA K  
**Address:** 235 6TH ST. NW #301  
**City-St-Zip:** WINTER HAVEN, FL 33881 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** HORTON, AMANDA K  
**Address:** 905 HOWARD TERRACE NW  
**City-St-Zip:** WINTER HAVEN, FL 33881 US

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:** AMANDA K. HORTON

P

02/16/2005

Electronic Signature of Signing Officer or Director

Date