
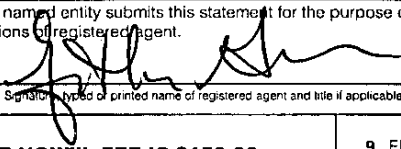
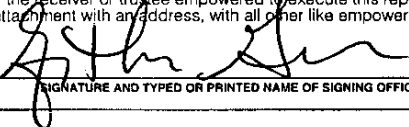


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90049 028 ***150.00

DOCUMENT # P04000129293 1. Entity Name ALLSTATE SECURITY SOLUTIONS, INC.					
Principal Place of Business 138 E. CENTRAL AVENUE HOWEY-IN-THE-HILLS, FL 34737 US			Mailing Address 138 E. CENTRAL AVENUE HOWEY-IN-THE-HILLS, FL 34737 US		
2. Principal Place of Business 501 W. Main St.		3. Mailing Address P.O. Box 449			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Hamilton, FL		City & State Lake Hamilton, FL		4. FEI Number 20-1630910	
Zip 33851		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEAD, JOHN VERNON 138 E. CENTRAL AVENUE HOWEY-IN-THE-HILLS, FL 34737			7. Name and Address of New Registered Agent Name Esther Geracci Street Address (P.O. Box Number is Not Acceptable) 501 W. Main St. City Lake Hamilton FL Zip Code 33851		
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  DATE 1/10/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GERACCI, DINO 138 E. CENTRAL AVENUE HOWEY-IN-THE-HILLS, FL 34737		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, SIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 W. Main St. Lake Hamilton, FL 33851	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT <input checked="" type="checkbox"/> Delete HEAD, JOHN VERNON 138 E. CENTRAL AVENUE HOWEY-IN-THE-HILLS, FL 34737		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			1/10/05 407-933-8002 <small>Date Daytime Phone #</small>		

50004723



01102005 Chg-P CR2E034 (10/03)