

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019521

FILED
Jan 29, 2008
Secretary of State

Entity Name: ALLSTATE BUSINESS CENTERS, INC.

Current Principal Place of Business:

104 E. FOWLER AVE
SUITE 201
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

104 E. FOWLER AVE
SUITE 201
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3497960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDERAZZO, WILLIAM
104 E. FOWLER AVE
SUITE 201
TAMPA, FL 33612 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CALDERAZZO, WILLIAM
Address: 104 E. FOWLER AVE, SUITE 201
City-St-Zip: TAMPA, FL 33612

Title: DST () Delete
Name: CALDERAZZO, SCOTT W
Address: 104 E. FOWLER AVE, SUITE 201
City-St-Zip: TAMPA, FL 33612

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 exemption stated in Chapter 119, 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: WILLIAM CALDERAZZO

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01/29/2008

Electronic Signature of Signing Officer or Director

_____ Date