

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90052 002 ***150.00

DOCUMENT # P98000037195

1. Entity Name
ALLSTATES REAL ESTATE PROPERTIES, INC.



Principal Place of Business
**1380 15TH STREET WEST
RIVIERA BEACH, FL 33404**

Mailing Address
**1380 15TH STREET WEST
RIVIERA BEACH, FL 33404**

40013300



2. Principal Place of Business
**1900 AUSTRALIAN AVE
Suite, Apt. #, etc.
RIVIERA BEACH**

3. Mailing Address
**1900 AUSTRALIAN AVE
Suite, Apt. #, etc.
RIVIERA BEACH**

City & State
FLORIDA

City & State
FLORIDA

02032005 Chg-P CR2E034 (10/03)

Zip
33404

Country
USA

Zip
33404

Country
USA

4. FEI Number
65-0841635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRY, J M
905 E. MARTIN LUTHER KING DR
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S
DESILVA, ROBERT
1380 15TH STREET WEST
RIVIERA BEACH, FL 33404** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRANIER, HAROLD
12128 PROSPERITY FORM RD.
PALM BEACH GARDENS, FL 33410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SARTORI, GERRY
162 BAKMAN PLACE
AGAWAN, MS 01001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05 561-842-8880
Date Daytime Phone #