

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000241

FILED
Feb 16, 2005
Secretary of State

Entity Name: ALLSTATE FOOD MARKETING, INC.

Current Principal Place of Business:

4494 N JOHN YOUNG PARKWAY
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4494 N JOHN YOUNG PARKWAY
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 65-0887164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAIRE, PAUL L
4494 N JOHN YOUNG PARKWAY
ORLANDO, FL 32804 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: C () Delete
Name: HAIRE, PAUL L
Address: 4494 N JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32804

Title: CEO () Delete
Name: SHAVER, DONALD E
Address: 4494 N JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: MURPHY, DAVID A
Address: 4494 N JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: KRESS, WILLIAM
Address: 4494 N JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DAVID MURPHY

P

02/16/2005

Electronic Signature of Signing Officer or Director

Date