

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000241

FILED  
Feb 05, 2010  
Secretary of State

**Entity Name:** ALLSTATE FOOD MARKETING, INC.

**Current Principal Place of Business:**

2251 LYNX LN, STE 10  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2251 LYNX LN, STE 10  
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:**

HAIRE, PAUL L  
2251 LYNX LN, STE 10  
ORLANDO, FL 32804 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:

02/05/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: HAIRE, PAUL L  
Address: 2251 LYNX LN, STE 10  
City-St-Zip: ORLANDO, FL 32804

Title: CEO  
Name: SHAVER, DONALD E  
Address: 2251 LYNX LN, STE 10  
City-St-Zip: ORLANDO, FL 32804

Title: P  
Name: MURPHY, DAVID A  
Address: 2251 LYNX LN, STE 10  
City-St-Zip: ORLANDO, FL 32804

Title: V  
Name: KRESS, WILLIAM  
Address: 2251 LYNX LN, STE 10  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: DAVID MURPHY

PRES

02/05/2010

Electronic Signature of Signing Officer or Director

Date