

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011591

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN ALLSTATE BACKFLOW SPECIALISTS, INC.

**Current Principal Place of Business:**

4800 S.W. 64 AVE., STE. 102A  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4800 S.W. 64 AVE., STE. 102A  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 65-0893233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCAULEY, COLIN  
3921 NW 78TH TERRACE  
DAVIE, FL 33024 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MCCAULEY, COLIN  
Address: 3921 N.W. 78 TERR.  
City-St-Zip: HOLLYWOOD, FL 33024

Title: EVPT  
Name: MCCAULEY, MARTHA  
Address: 3921 N.W. 78 TERR.  
City-St-Zip: HOLLYWOOD, FL 33024

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: MARTHA MCCAULEY

EVPT

03/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date