

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021843

FILED
Apr 15, 2004
Secretary of State

Entity Name: ALLSTATE NOTICE CORPORATION

Current Principal Place of Business:

1311 W HARVARD ST
ORLANDO, FL 32804

New Principal Place of Business:

506 MISSION LANE
HOWEY IN THE HILLS, FL 34737 US

Current Mailing Address:

1311 W HARVARD ST
ORLANDO, FL 32804

New Mailing Address:

506 MISSION LANE
HOWEY IN THE HILLS, FL 34737 US

FEI Number: 59-3560444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLISTER, CHERYL L
1311 W HARVARD ST
ORLANDO, FL 32804

Name and Address of New Registered Agent:

COLLISTER, CHERYL L
506 MISSION LANE
HOWEY IN THE HILLS, FL 34737 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:

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLISTER, CHERYL L
Address: 1311 W HARVARD ST
City-St-Zip: ORLANDO, FL 32804

Title: VD () Delete
Name: COLLISTER, ALBERT W
Address: 1311 W HARVARD ST
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: COLLISTER, MANDY L
Address: 1311 W HARVARD ST
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLISTER, CHERYL L
Address: 506 MISSION LANE
City-St-Zip: HOWEY IN THE HILLS, FL 34737 US

Title: VD (X) Change () Addition
Name: COLLISTER, ALBERT W
Address: 506 MISSION LANE
City-St-Zip: HOWEY IN THE HILLS, FL 34737 US

Title: TD (X) Change () Addition
Name: COLLISTER, MANDY L
Address: 506 MISSION LANE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: CHERYL L COLLISTER

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date