

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005447

FILED
Apr 12, 2004
Secretary of State

Entity Name: ALL STAR MANUFACTURING, INC.

Current Principal Place of Business:

6550 NEW TAMPA HIGHWAY
LAKELAND, FL 338153148

New Principal Place of Business:

Current Mailing Address:

8223 BRECKSVILLE ROAD
SUITE 100
BRECKSVILLE, OH 441411361

New Mailing Address:

FEI Number: 59-3742264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: DCEO () Delete
Name: HEFFERNAN, ROBERT B
Address: 99 BROWER AVENUE
City-St-Zip: OAKS, PA 19456

Title: VD () Delete
Name: BONIELLO, MICHAEL P
Address: 99 BROWER AVENUE
City-St-Zip: OAKS, PA 19456

Title: S () Delete
Name: CURCI, JOHN V
Address: 6950 SOUTH EDGERTON ROAD
City-St-Zip: BRECKSVILLE, OH 441413184

Title: PD (X) Delete
Name: MARSH, DONALD
Address: 6550 NEW TAMPA HIGHWAY
City-St-Zip: LAKELAND, FL 338153148

Title: V (X) Delete
Name: GOSS, ALLAN J
Address: 99 BROWER AVENUE
City-St-Zip: OAKS, PA 19456

Title: T (X) Delete
Name: BOSI, ROBERT A
Address: 8223 BRECKSVILLE ROAD #100
City-St-Zip: BRECKSVILLE, OH 441411361

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCE (X) Change () Addition
Name: HORITA, MARK PCEO
Address: 99 BROWER AVENUE
City-St-Zip: OAKS, PA 19456

Title: DV (X) Change () Addition
Name: BONIELLO, MICHAEL P V
Address: 99 BROWER AVENUE
City-St-Zip: OAKS, PA 19456

Title: VST (X) Change () Addition
Name: CURCI, JOHN V VST
Address: 6950 SOUTH EDGERTON ROAD
City-St-Zip: BRECKSVILLE, OH 441413184

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: JOHN V. CURCI

VST

04/12/2004

Electronic Signature of Signing Officer or Director

_____ Date